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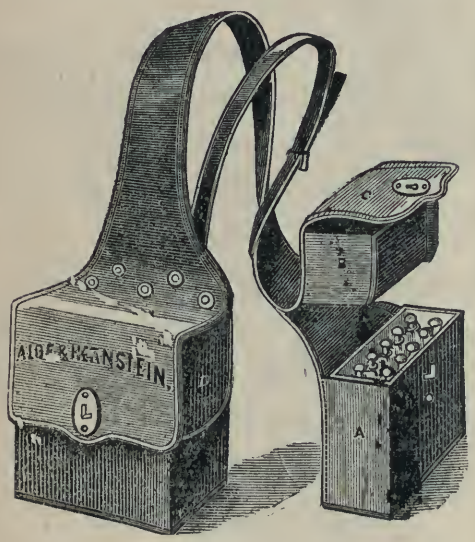

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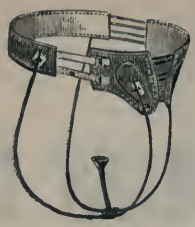

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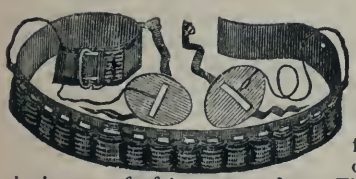

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The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

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It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, JULY, 1879. NO. 4.

Original Communications.

USE OF ELECTRICITY IN UTERINE SURGERY.

Constriction of Cervix Uteri Relieved by Electrolysis, and Intra-Uterine Tumor Removed by Expulsive Efforts Produced by Voltaic Alternatives of the Constant Current.

BY C. V. MEADOR, M. D.

Mrs. ——, aged twenty-six years, mother of two children, active temperament, general health good, applied for treatment March 13, 1878. Had suffered for two years with obstructive dysmenorrhœa—uterine spasmodic expulsive efforts most distressing at monthly periods, producing coma or convulsions. Upon examination found *os uteri* firmly constricted, not admitting the smallest probe. This constriction, atresia or stricture, as it may be defined, was found, during subsequent treatment, to extend the full length of cervix, and as firm almost as cartilaginous structure. The passage through was only sufficient for the exit of minute quantities of the catamenial flow, by the strong contractions of the distended uterus.

Three modes of relief were presented to my mind: amputation of the neck, puncture, and the electrolytic or disintegrating effect of the galvanic current. Determined upon the latter.

Small conical metallic electrode, insulated except at the point, attached to negative pole of the constant battery was applied firmly against the constriction, the circuit being closed by placing moist sponge electrode of positive pole over fundus uteri or in palm of the hand. Battery strength from five to eighteen cells, for five ten or fifteen minutes at a time, twice or three times a week. Some advance was made at every sitting until three quarters of an inch was passed, when at the os internum, contrary to the usual experience of authors, resistance seemed to be firmer than at first, but was overcome by perseverance, and on the 27th of June the electrode passed to uterine cavity and was followed by different sized probes and dilators. A small quantity of dark menstrual fluid came away which seemed to have been long imprisoned.

On the 12th of July, '78, I have this note from the patient:

"Dr. Meador:—I came unwell early this morning. I think I am all right now. * *"

On the 18th she reports that catamenia disappeared on the 16th, were normally profuse for the four days, without a pain or unpleasant sensation. She is growing strong and vigorous and in the best of spirits. I write now, 10th of June, '79. Nearly a year has passed, and she has not had the slightest trouble during that time.

This process is tardy but certain. No pain, no danger, and I think far preferable to amputation or lacerating incisions and punctures, so much dreaded and so mortifying to a lady of delicate sensibilities. Strictures seem to soften, and are not apt to contract again after electrolysis. Same in the male urethra, which I have often

verified. In this case the opening was kept dilated by a sea-tangle tent, as far as the electrode had passed during the treatment. The parts were brought to view through Byrne's operating and the common cylindrical speculum. The patient had been treated with strong caustics two years previous for cervical ulcerations, a "prolific cause," says Prof. Thomas, of "such conditions."

Medical electricity not being generally studied by the profession, a few words as to *modus operandi* of electrolysis may be admissible: Electro-chemical change is the action; and the highest authorities assert, that "no animal tissue can withstand the disintegrating effect of the negative pole of a constant battery." It is not galvanic cautery, or induction or static electricity. Electrolysis, in its action, is mechanical and chemical. The nascent hydrogen set free, rises in minute effervescence around the negative pole, forcing its way through tissues, fibres and other structures, thus dividing and holding them apart. This is mechanical. The chemical development is alkaline-caustic, soda, lime and potash with hydrogen set free, form a white froth or jelly around the wire at the cathode or negative pole. Very different at the anode, or positive pole, where we have hydrochloric, sulphuric and phosphoric acids resulting from decomposition of animal liquids—metals being changed to metallic salts by the action of chlorine and oxygen in their nascent state. At the negative, where free alkalies and hydrogen are evolved, we have the electro-chemical change but no decomposition, since no metals can be decomposed by these elements, and none can resist chlorine and oxygen.

These principles are easily demonstrated by the action of the battery poles upon the albumen of an egg, a solution of starch and iodide potassium, chloride of sodium, warm blood on soft animal tissue. The two poles immersed in the same fluid with steel needles attached, at the positive we have a dark brown stain where the salts of iron are formed. Change to gold needles and we have no more the iron stain, but the perchloride of gold, and a greenish blue stain appears. Then take brass or copper needles and a whitish clot will indicate the action of salts of copper upon the albumen. And yet while all these changes are manifest at the positive there is no change at the negative. With steel, gold and copper needles it is all the same—minute effervescence of free alkalies and hydrogen, and no stain around the needles. This demonstrates electro-chemical change, and no decomposition on introduction of metallic or other foreign substance.

It is all important these facts should be appreciated in the practice of medical electricity. The character of the needle introduced, if attached to positive pole, and the character of the fluids of a tumor to be reduced, are certainly questions of much importance, since we cannot know before hand what the change may be. An ovarian cyst, or a hydrocele, in one patient might contain fluid very different in composition from that of another. Hence the action of the steel, gold or other needle introduced from the anode battery pole would be very different. It might do good in the one case and harm in the other. No harm can result from as many needles as desired, and of any character of needle introduced attached to the cathode, while the circuit is closed by moist sponge of positive to contiguous surface.

Such is my experience, and I think physiological and rational, and in accord with the highest authorities in electric medicine. The result of the fifty cases of uterine fibroids, reported by Dr. Cutter in July number of *American Journal of the Medical Sciences*, of 1878, might have been better had this principle been observed instead of the profound puncture with needles of both poles introduced into the tumor.

To Dr. Julius Althaus, of London, with Duchenne, and others of France, Germany,

Italy and America, we are indebted for rapid advances in this intricate branch of medical science, and the writer for many thoughts embodied in this paper.

My case No. 2, is the removal of an intra-uterine tumor, attached at the fundus, heart-shaped, apex extending into cervix; in length four inches, circumference three and a half; submucus fibroid in character; patient aged thirty-two; had been married, but had borne no children. For two years menstruation occasionally obstructed and painful; frequent leucorrhœa and dragging pains in uterus and sacrum. Had her under care occasionally for more than a year. On the 3d of May, 1879, womb measured four inches and a half; cervix patulous and dilated. Passed electrode, insulated except at the point, into the os internum; closed the circuit by placing the other on surface over fundus. Strength fifteen cells, Kidder's constant battery, with voltaic alternatives for several minutes. Uterine contractions and expulsive pains resulted. Twelve hours later the tumor was dislodged and passed. There was some hemorrhage, but easily controlled. In five days the patient was up and is now quite well, and feeling, she says, better than for the past three years. Saw her but two days ago cheerful as a lark.

For this practice the writer claims no actual precedence, and some may think it hazardous—nerve shock and hemorrhage, the dangers incurred. And yet it is not all experiment. The power of electricity upon contractile tissues is no new thing; and such is the uterus, to which such tumors, when not interstitial, are usually attached by loose connective tissue, and are sometimes, even without the aid of art, dislodged and expelled by natural processes. If, therefore, we have a dilated cervix and uterine wall irritated by an abnormal growth, the reasonable presumption is, that if contractions can be produced to break up adhesions, the growth will be expelled with no more attendant danger than on the delivery of a placenta in child-birth. If ergot and other means may accomplish such results, perhaps the more potent and efficient remedy would be the proper application of the proper electric current.

Little Rock, Ark., June, 1879.

PARTIAL(?) DISLOCATION OF THE HUMERUS.

BY W. S. ALLEE, M. D.

Mr. C., a farmer, aged about fifty years, January 29, 1879, came to consult my partner, Dr. Dunlap, in regard to what he called some obscure trouble about the shoulder.

Patient stated that about the 20th of the preceding month, while walking upon the ice, he slipped and fell, catching his weight on the hand of the injured limb, since which time he had been unable to use that arm to any advantage.

He had previously consulted three other physicians, one of them telling him that he had a partial dislocation of the shoulder, while the other two pronounced it rheumatism.

Various kinds of liniments and internal medication had been tried without any apparent relief. By request of Dr. Dunlap, I assisted him to make the examination.

On exposing the shoulder, no abnormality could be discovered by inspection.

The motions of the affected joint were limited and painful, especially so when attempting to raise the arm upwards, he being entirely unable to put the hand to the head.

The patient being a large muscular man, it was very difficult to make out the precise location of the head of the humerus.

By careful manipulation, which gave him but little or no pain, we were unable to say that the bone had left its natural position, although I thought the posterior portion of the shoulder felt rather more full and prominent than the one on the opposite side, but not sufficiently so to diagnosticate a backward or sub-spinous dislocation.

By applying the test of Professor Dugas for luxation of the shoulder, we found this injury was indicated, all other signs save that of limited motion being absent.

There was no evidence of fracture, and we thought the history of the case was sufficient to exclude rheumatism. Suspecting that this might be a case of partial luxation backwards, I proceeded to make an effort at reduction.

The arm was gradually raised until it was considerably higher than at a right angle with the body, then placing the left hand in the axilla to act as a fulcrum, I lowered the arm slowly, at the same time keeping up extension and rotating the lower end of the humerus a little outward. When just ready to give up, and thinking what procedure we might next go through with, there was an audible snap, and I felt the arm give very perceptibly, the patient remarking at the same time that his shoulder felt better than at any time since the injury.

By applying the test again we found the elbow rested freely against the front of the chest when the hand of the injured arm was placed on the opposite shoulder. The motions were now restored and were painless, with the exception of upward movements. Dr. Dunlap again examined the arm and decided that the trouble had been removed. It was his belief at the time, and is yet, that this was a partial luxation.

The patient improved rapidly, and in two weeks time he had entirely regained the use of his arm, being able to do all kind of farm work.

Surgeons who doubt the possibility of partial luxations of this joint, will perhaps say that this was simply a case of complete dislocation. I cannot think so; first, because there was an absence of some of the most prominent symptoms, which would not have been the case, provided the capsular ligament had been ruptured and the head of the bone thrown entirely away from the socket; second, because it was so readily reduced.

It will be remembered that five weeks had elapsed since the receipt of the injury, so that ordinarily we would expect that considerable force would be necessary to effect a reduction. If there had been a rent in the capsular ligament of sufficient size to admit the passage outward of the head of the humerus, most certainly it would have required a greater amount of force than was used in this case in replacing it, especially so after so long a time from the injury.

A majority of country practitioners I feel, confident, believe that partial luxations of the humerus may, and do, occasionally occur. Surgical authorities at my command differ as to the occurrence of the injury in question. Holmes, (Principles and Practice of Surgery, page 280), after referring to some reported cases, says: "From these cases the conclusion would be that partial dislocation of the shoulder is, in itself, a trifling accident, easily remedied, and not liable to produce any permanent mischief; and that it is a very rare injury, though its occasional occurrence is undeniable; and very possibly it may be overlooked from the head of the bone having slipped back before the patient is seen."

Hamilton, (Principles and Practice of Surgery, page 319), says: "I have seen no evidence that a traumatic partial luxation ever takes place in this articulation."

Through the kindness of Dr. Hazard, I can state that Dr. Louis Bauer is of the same opinion as that just quoted.

If the case just reported should induce some surgeon of the necessary experience and possessed of sufficient means of observation, to throw an additional light on this subject, my object will have been accomplished.

High Point, Mo.

Clinical Reports.

A CASE OF NEPHRITIS AND CYSTITIS.

Read Before the Kansas State Medical Society at its Annual Meeting at Atchison, Kansas, May 15, 1879.

BY BENJAMIN WOODWARD, M. D.

The death of Major Bowles, which occurred at Olathe, Ks., on the 8th of April, ult., from disease of the kidneys and bladder, has elicited a wide-spread inquiry as to the real nature of his disease. This interest has arisen partly from the prominence of the Major, who, for the last three years, has been the efficient head of the State Deaf-Mute Institute, but principally because of the contradictory opinions of the profession as to the case. I have been requested to give the history of the case so far as it has come under my observation, which goes back to September, 1877, when I was called to treat him. I then learned for the first time that for many years he had suffered from some obscure disease of the kidneys and bladder, for which he had been variously treated, and that in August ult. he had gone to St. Louis for counsel. His disease had been called "stone," "gravel," "inflammation of the neck of the bladder," "nephritis," etc., etc.

At this time, the urine was loaded with mucus, alkaline, specific gravity only 1008, water being 1000. There was a fair quantity of urea. For some months he had been treated by an eclectic, and dosed with buchu, uva-urci, etc., etc., only to aggravate his case. The symptoms were now: pulse 100, feeble, and, he said, "that for several years had never been below that." Deep seated pain in the back; could not retain the urine more than from ten to twenty minutes; spasm of the bladder, so that he would scream out and grasp the penis with his hand; retraction of the right testicle; frequent vomiting; obstinate constipation or diarrhœa.

In the next month, November, he again went to St. Louis, where he entered a hospital and was cut for stone, *but no stone was found.* He returned in the latter part of February with all the symptoms aggravated. The urine passed through the cut which, by the advice of his St. Louis surgeons, was kept open. Attempts were made from time to time to pass a catheter through the urethra, but when the membranous portion was reached severe spasms were induced. It had been thought that by keeping the cut open the neck of the bladder would heal, but it did not. From time to time soft catheters were passed through the cut to the fundus of the bladder to collect the urine for examination. It was nearly always alkaline, specific gravity 1002 to 1006, loaded with mucus and pus with casts of the uriniferous tubules. As the months went on he had frequent rigors, which I construed as evidence of abscess of the kidneys. For the last few months of his life no urea could be detected in the urine, but pus, mucus, casts of tubules and the debris of broken down tissue, with changed epithelial cells, formed the bulk of the fluid which drained away from the bladder.

In the early part of December last he was attacked with neuralgia of the mediastinum, diaphragm and pleura, which was soon extended to the heart. For many hours the only relief was had from hypodermic injections of morphia and cannabis indica. These spasms were finally controlled by the latter agent carried to the point of toleration. Since September last there was a general catarrhal condition, vomiting and coughing large quantities of thick clear mucus. About three weeks previous to death, anasarca, spreading from the limbs to the trunk, seriously complicated the case, so much so that punctures of various parts, by which the water was drained off, had to be resorted

to. A remarkable phase of the case was an uncontrollable morbid appetite, while thirst was intense. For fully two years there were mental changes. Memory and judgment failed, but on special occasions he could be roused to action. I have said but little as to medication. Necessarily it was symptomatic, for symptoms changed so often that nothing could be predicated from day to day.

The account of the autopsy will throw light on this complicated case, and from it we may be enabled to trace the pathological changes which take place in nephritis and cystitis.

Autopsy, made twenty hours after death, April 9, 1879, by Benj. Woodward, M. D., assisted by J. Q. Egelston, M. D., Thomas Hamill, M. D., C. G. McKinley, M. D., Charles A. Hays, M. D., and L. R. Knapp, M. D.:

Appearances:—Rigor-mortis complete—general anasarca. As during the illness of the deceased there had been no symptoms of disease of the brain, the head was not examined.

All the great cavities of the body were filled with clear straw-colored serum. The heart and lungs were removed, and the heart showed no signs of disease. The lungs were also healthy except the surface of lower portion of the left lobe, which was thickly studded with millary tubercles, and the extreme lower part was partially hepatised, but the lungs were in no part adherent to the costal pleura. The liver and intestines were removed, but neither showed any organic disease. The kidneys and the bladder were removed. Both of them (the kidneys) greatly enlarged. The left kidney weighed one pound and five ounces. On laying it open it was hard, cartilaginous, and the pelvis held about four ounces of pus. The cartilaginous walls were full of large cysts, from the size of a bean to that of a walnut, all full of pus. There was not a particle of healthy tissue in the organ, the walls of the cysts being rough and ulcerated. The ureter was enlarged to the size of a man's finger, thickened, hard, and filled with pus. The right kidney weighed fifteen ounces. It was nothing but a great sac filled with pus, in places the walls were not more than two lines thick. The ureter was enlarged, as the left, but harder, and was filled with pus. The bladder was hard and shrunken, and its cavity would not hold an ounce of fluid. The neck was ulcerated and cartilaginous, the sphincter obliterated. The cavity of the bladder intensely inflamed and the mucous coat ulcerated and sloughing.

I hereby certify that the foregoing notes of the *post mortem* examination of the late Theo. C. Bowles are true and correct, drawn up from notes kept during the autopsy by Mr. J. M. Hall, from my dictation.

BENJAMIN WOODWARD, M. D.
Attending Physician on the said Theo. C. Bowles.

We, whose names are hereunto affixed, certifiy that we assisted in the examination of the body of Theo. C. Bowles, and that the above description of the appearances as revealed at the autopsy are true.

C. G. MCKINLEY, M. D.,
THOMAS HAMILL, M. D.,
J. Q. EGELSTON, M. D.

OLATHE, Johnson Co., Ks., April 10, '79.

A CASE OF SYNOVITIS OF THE KNEE-JOINT.

BY JOSEPH L. BAUER, M. D.

Last fall whilst visiting a patient, I was called to see a child in a neighboring house, that was supposed to have sustained a "*sprain*" of the knee. Upon questioning the parents, I ascertained that their little boy, aged about seven years, was running home from school, closely followed by a youthful companion; the boys were running a race, and in order to gain some advantage, the hindmost one grasped the ankle of the left leg of my patient, suddenly flexing it. He fell upon the knee, and walked home, apparently not feeling any pain. The next morning the joint had swollen somewhat and become very painful; the temperature of the injured part, as well as his bodily temperature had increased, and he was unable to rest on account of his sufferings. In this condition I found him. I realized the gravity of the case, and endeavored to impress upon the

parents the danger of the inflammation. They had formed set opinions that it could be nothing but a sprain. I immediately advised *absolute rest* and *immobility* of the joint in the straight position, with cold applications topically. I applied leather splints well padded with cotton laterally and in the popliteal space; I stated that I would return in the morning and see him, but was politely requested to stay at home until *they thought* my services were needed.

Four days elapsed before I was recalled; the splints had been removed and the boy allowed to move his joint at will. As a natural result, the inflammation had intensified; the contours of the joint could not be discerned, and the slightest pressure produced the most intense pain. The pulse was very frequent and excitable, and the temperature had increased three degrees Fah. Upon examining the joint closely I discovered fluctuation, and I had no doubt that *suppuration* had supervened. The only method then was to puncture the joint and evacuate the pus. Not desiring to assume entire responsibility, I suggested consultation with Dr. Fabricius, of Mascoutah. The latter physician agreed entirely with my diagnosis and the treatment resorted to. Accordingly we chloroformed the patient and punctured the joint with a small trocar; no pus exuded; we exchanged for a larger one held in reserve, and were confirmed in our diagnosis by the withdrawal of about three ounces of *good healthy pus*. Owing to the œdematous condition of the thigh we determined to keep the joint open, and placed the leg in an extended position, in Dr. L. Bauer's sheet-iron suspensory splint. The patient improved rapidly. Two weeks had elapsed and the parents became tired of my visits; seeing their obstinacy, I withdrew with the admonition to keep the leg at perfect rest for at least three weeks longer. Hardly a week passed, when the splint was removed and the boy allowed to use his extremity freely, although the joint was still open. Strange to say, he recovered entirely, with perfect mobility of the extremity.

I relate this case on account of the exceptional result. Usually anchylosis of the articulation would be expected.

St. Libory, Illinois.

Translations.

Synovitis Granulosa Hyperplastica.—(*Deutche Zeitschrift der Chirurgie*, Bd. xi, Heft 3 and 4, Leipzig, 1879, p. 317) Dr. Hermann Hueter writes a valuable and instructive article on this affection in its relations to tuberculosis.

Whilst the paper was prompted by the observations of Drs. Tappeiner and Lippl, the experiments were supervised by the well-known and deserving Prof. C. Hueter, of the University of Greifswald. The young author has therefore produced a very meritorious paper, of which we shall give a synopsis:

At the meeting of German naturalists and physicians at Munich, in 1877, Drs. Tappeiner and Lippl stated that they had introduced into the air-passages of dogs, both dried and liquid sputa obtained from phthisical patients, and that they had in this way invariably produced tubercular metamorphosis in the lungs of the animals experimented upon. They had also excited *general miliary tuberculosis* by feeding dogs with similar materials. Hence Rindfleish's warning to consumptives to avoid swallowing expectorated matters.

The author is not unmindful of the fact, that similar experiments had been undertaken before, but without the specific object he has had in view. He is also aware of the fact that the composition of the materials employed varies greatly in composition—fat, mucus, pus, epithelium, elastic tissue, micro-organisms and derivatives—consequently different mixtures might modify the experimental results, but he has had

to leave these finer discriminations to Prof. Klebs, who is now engaged in analogous work. Dr. H. Hueter's experiments were all made upon the articulations of dogs, mostly upon the knee-joints. Injections were made with the pravaz (hypodermic) syringe. The sputa were obtained from patients suffering from pulmonary tuberculosis in an advanced stage. They were usually triturated and diluted with distilled water; in one instance only they were used undiluted. Twelve joints were thus experimented upon. The immediate effects of the injury generally passed away in a day or two—the only exception was the case in which the undiluted sputum had been used. In this instance reaction was early, prompt, and comparatively more violent. In the other cases, two to four weeks elapsed before any reactive symptom was noted. The artificial disease was permitted to run its course before the animals were killed; one only, died from general wasting and exhaustion.

The *first* symptom was invariably a limping walk, denoting pain. A few days later, the affected limb could not be used at all.

The *second* phenomenon was a dense, firm, but still elastic infiltration and swelling around the affected joint—not unlike the condition known under the antiquated term *tumor albus*, or white swelling."

The *third* sign of diseased action was the formation of fistulous openings communicating with the articular cavity, of a crater or funnel form, with undermined margins, grayish discoloration at bottom, and a moderate sero-purulent discharge, betraying its synovial origin by its soapy feel and alkaline reaction. In no instance did the fistulous opening correspond with the original puncture.

Fourth, there was general loss of flesh and strength.

At the autopsies, the following pathological changes were observed: The periarticular connective tissue was infiltrated, being converted into a homogenious, bacon-like substance—hence "white swelling;" when divided lengthwise, serum exuded; the joint contained a few drops only of opaque synovia; lining membrane studded with (fungoid) granulations, except alongside the patella; still larger granulations in the bursa below the common tendon of the quadriceps extensor muscle; an unusual (pannus-like) vascularity covering the crucial ligament and spreading over the semilunar cartilages. In some instances there was attenuation of the articular and semilunar cartilages; in some they were broken through—hence *usur;* the subjacent bone exposed and involved in granulations. In one case—that in which pure sputum was used—there was undue lateral mobility with disintegration of the crucial and lateral ligaments. Same condition of tibial epiphysis. In this, the third experiment, instituted April 15, 1878, the dog died, greatly reduced, on September 23d, and in this case only, miliary tubercles were found in both pluræ and isolated, pneumonic nodules, of the size of a pea, were found in both lungs.

The identity of the formations found studded over the pluræ with miliary tubercle, was affirmed by Prof. Hueter, and, after most careful microscopic examination, by Dr. Ernst Frerichs. The latter gave the following special results of his investigations:

"Perceptible nodules, clearly circumscribed, consisting of an agglomeration of round cells embedded in a delicate reticular stroma, analogous with the structure of tubercle. In some nodules, concentric layers. No giant cells; no cellular nucleus. Pneumonic islands, with cell proliferation. Similar condition of mucous membrane of bronchial tubes, ductus thoracicus, unfortunately, not examined, in which, according to Ponfick, occasionally elements are found, indicating the route the infection has taken."

These results are positive in regard to tuberculosis (but compatible with the phases of infectious inflammation—Virchow).

As to time, the disease pursues a rather chronic course; as to character, it is inflammatory, with all the attributes of *tumor*

albus. It presents also the constitutional (consecutive) disturbances observed in similar scrofulous(?) lesions. Analogous experiments have since been instituted by Dr. Frerichs, with the same results, although more extensive and intensified. Even the glandular structures were found by him permeated by round cells.

[NOTE BY TRANSLATOR.—We have observed all these changes in the structure of joints, in our patients where amputation had been performed and in *post mortem* examinations, in cases in which the trouble had been provoked by *traumatic injuries*. Former experiments have demonstrated that tuberculosis of the pleura and of the lungs may disappear provided the subcutaneous or interarticular injections were not repeated. Again, it has been proved that materials less obnoxious and entirely free from tubercular disintegration will produce precisely the same experimental results.

Some years ago we had to amputate the leg of a woman who had suffered for years from traumatic caries of the tarsal bones, and upon whom exsection had already been tried without success. When we took charge of her case, she exhibited signs of incipient tuberculosis at the apices of both lungs, and the operation was therefore hastened to arrest the further development of the pulmonary lesion. This was completely successful, she having enjoyed the best of health ever since. See also, Mr. Bryant's case of "Disease of the tibia of twenty-five years' standing, involving knee-joint, progressive phthisis; amputation at the knee by Gritti's method; recovery, with the subsidence of all chest symptoms."—*Lancet* (Am. reprint) March '79. L. B.]

FECUNDITY AND SEXUALITY.—(*Le Progrès Médical*, 31 May, 1879) M. Gaetan Delaunay communicated a paper on these subjects to the Society of Biology at its session of May 24, of which the following are the conclusions:

Fecundity.—This is unlimited among inferior species, and diminishes in proportion as the human species is approached. The inferior races are more fruitful than the superior. The black, yellow, and other races are more fecund than the white. Among European races the more fruitful are most behind in the road to civilization (Russia, Spain, Ireland and Italy), while the less fruitful are the farthest advanced in evolution (France and Switzerland). It has been said that the relative sterility of the French is voluntary. M. Delaunay protests against this accusation, whereas there is no people more courageous or more generous than the French. Fecundity lessens in a race in the same measure as it becomes developed. The enlightened classes and the people of cities have less children than the ignorant and the peasant classes.

The young and the old are more fruitful than adults. The same is true of the weak contrasted with the strong. Athletes and intelligent people who do much brain work have few children. This has been verified by Drysdale in relation to the professors of the faculty of medicine. Inferior tissues are reproduced with much greater facility than the superior.

A plant or animal which is too well nourished becomes unfruitful. Dogs belonging to the poor, which fast with their masters, have more young at a litter than have dogs of the same race that belong to the rich. Unfortunate and badly nourished populations are more fecund than rich populations. Fecundity, consequently, does not depend upon subsistence. Summer and warm climates increase fecundity.

In fine, fecundity being at its maximum among those beings least advanced in evolution, and at its minimum among those most advanced, it is, therefore, in inverse proportion to the degree of evolution. Furthermore, it is, to a certain degree, in inverse ratio to nutrition, for it is lessened by those circumstances that diminish nutrition. Hence, the law of Malthus is false.

Sexuality.—The inferior races produce most females, the superior most males. Young and old animals produce more females than males. After thirty-five years of age man procreates more girls than boys. Under the first empire when all the able-bodied men were engaged in war, a much greater proportion of girls were born than of boys. Years of scarcity favor the procreation of girls, and years of abundance the procreation of boys. Idleness is favorable to feminine procreation. Men who do much brain work beget girls oftener than boys. More girls are begotten in summer and in warm years, more boys in winter and in cold years.

To conclude, an individual little advanced in evolution begets girls, more advanced, boys, still more advanced, he again begets girls. In the same way, an individual too little or too much nourished procreates girls, and boys are begotten if he is simply well nourished. The medium state of nutrition and of evolution is therefore most favorable to the procreation of boys.

M. Galippe opposed these propositions with the fact that they failed entirely when applied to England. The English are certainly greatly advanced in evolution, still they have many children.

Proceedings of Societies.

IOWA STATE MEDICAL SOCIETY.

The twenty-seventh annual meeting of this society was held in Library Hall, Davenport Iowa, June 3d to 5th, inclusive of those dates. The meeting was, in all reoards, a signally successful one; the attendance was good, the proceedings harmonious and most of the papers read were decidedly instructive and valuable.

Several gentlemen from Illinois and one from St. Louis were made members by invitation and were unanimously accorded the privileges of the floor.

Several very intelligent lady physicians took part in the proceedings who compared favorably with their fellow members as regards *regular attendance and deliberate attention.*

The Mayor of Davenport welcomed the Society "in the voice of kindness and affection," as if they were "the flowers of May." It is needless to say that His Honor is a well-educated Irishman, and that he dipped deep into history, brought Sallust upon the stage, gave the priest and the Levites a piece of his mind and glorified the true physician as the Good Samaritan; in fact, he mixed a salad for the members that was rather more palatable than they found at the *tables d'hôtes* of their inns.

The President of the Society, Dr. A. M. Carpenter, of Keokuk, followed with a well-digested address, in which he recommended the establishment of a State Board of Health for the better regulation of medical practice. His suggestions, however, were laid over for one year. This was the only subject brought up with reference to medical policy and legislation, the remainder of the transactions were devoted exclusively to science and the healing art.

Among the many papers presented, some deserve especial mention, for instance, that by Dr. G. W. Hazen, of Davenport, on Asthenopia, for its diligent elaboration and practical perspicuity; that by Dr. W. W. Grant, of the same city, on Infantile Summer Complaint, for its literary statistics; that by Dr. R. Seers, of Marshalltown, Typhoid Fever, for its assertion that typhus, typhoid, remittent and intermittent fevers are simply variations of one and the same cardinal malarial disturbance; that by Dr. W. D. Middleton, of Davenport, on Some Advances in the Physiology and Pathology of the Nervous System; that by Dr. G. H. Hill, of Independence, on the Location, Nomenclature and Functions of the Cerebral Convolutions, for its elucidation of a rather new and important subject; that of Dr. A. A. Noyes, on Error in Diagnosis of

Oblique Inguinal Hernia, for its savageness in holding the unfortunate practitioner who should thus err, for "murder in the first degree (and punish him accordingly without benefit of clergy!), and others.

It will be seen that the proceedings of the Iowa State Medical Society were of a superior scientific character, and that they compare rather favorably with those of other Western States, Missouri not excepted.

The members went to Davenport for *work*, and scientific enthusiasm marked their proceedings, *not* scheming to place this or that individual in the presidential chair. We are therefore able to cordially congratulate our professional brethren in Iowa upon their recent achievements.

The following gentlemen were elected officers for the ensuing year:

President:—George P. Hanawalt, M. D., Des Moines.

Vice-Presidents:—First, Dr. A. W. McClure, of Mt. Pleasant; Second, Dr. D. Schofield, of Washington.

Secretary:—Dr. J. F. Kennedy, of Des Moines.

Assistant Secretary:—Dr. G. W. Tibbitts, of Des Moines.

Treasurer:—Dr. G. R. Skinner, of Cedar Rapids.

Trustees:—Drs. J. C. Stone and H. M. Dean, of Burlington; D. McClure, of Dubuque; J. W. Smith, of Charles City; E. F. Clark, of Iowa City; J. W. Mitchell, of Knoxville; W. P. Gibbon, of Chariton; J M. Emmert, of Atlantic, and J. M. Knox, of Sioux City.

Committee of Arrangements:—Drs. E. W. Clark, of Grinnell; D. W. Crouse, of Waterloo; G. W. Carter, of Marshalltown; T. J. Caldwell, of Adel, and T. W. Tibbitts, of Des Moines.

Committee on Publication:—Drs. J. F. Kennedy, of Des Moines; G. R. Skinner, of Cedar Rapids; W. D. Middleton and E. H. Hazen, of Davenport, and J. Williamson, of Ottumwa.

Committee on Ethics:—Drs. A. M. Carpenter, of Keokuk; S. B. Chase, of Osage; G. W. Baggs, of Sioux City; H. C. Huntsman, of Oskaloosa; and Wm. Watson, of Dubuque.

Committee on State Medicine:—Drs. W. S. Robertson, of Muscatine; G. M. Staples, of Dubuque, and S. B. Thrall, of Ottumwa.

Dr. P. J. Farnsworth, of Clinton, was appointed delegate to the International Congress, the next meeting of which is to be held in Amsterdam, Holland, the present summer.

An extensive collection of rare drugs, chemicals, pharmaceutical preparations, etc., from the well known house of Parke, Davis & Co., of Detroit, was a notable feature. This was under the charge of that most genial gentleman, Mr. J. H. Richardson, who was ever ready to defend his "new preparations" from the attacks of their enemies and to furnish samples for trial.

The usual resolutions of thanks were adopted, after which the Society adjourned to meet at Des Moines, on the second Tuesday of January, 1880.

THE AMERICAN NEUROLOGICAL ASSOCIATION.

The American Neurological Association, assembled to hold its fifth annual meeting, in New York City, on the 18th of June, 1879. Six meetings were held during the session, and a number of valuable papers were read. Among these were: "Contributions to cerebral localizations," by Dr. Amidon, of New York; "Peculiar Choreic Movements in Hysterical children," by Dr. Langdon C. Gray, of Brooklyn; "A New Rheostat," by Dr. Putnam, of Boston; "Action of Tea on the Nervous System," by Dr. Morton, of New York; "The Peduncular Tracts of the Anthropoid Apes," by Dr. Spitzka, of New York.

Cases of rare nervous affection, glosso-labio-laryngeal palsy, athetosis, hysteria,

agarophobia, etc., were also presented, and specimens illustrating the anatomy of the reptilian nervous system were exhibited by Dr. Mason, of Florida.

Pathological cases and specimens were reported and exhibited by Drs. Edes, of Boston, Seguin, Miles and Spitzka.

One of the most interesting communications was that of Dr. Schmidt, of New Orleans, who exhibited some magnificent microscopic sections illustrating the pathology of yellow fever. The specimens were presented to sustain the theory that the characteristic and fatal lesion of the disease was in the nervous system, and the lesions were certainly evident enough to support this position.

Dr. Hammond, of New York, made an oral communication denouncing the delusion of metallo-therapy, and in pursuit of his suggestion a committee was appointed to report on the experiments of Charcot at the next annual meeting.

The Association adjourned, after electing the following officers for the coming year: President, Dr. Miles, of Baltimore; Vice-President, Dr. Edes, of Boston; Secretary and Treasurer, Dr. Seguin, of New York; Councillors, Drs. Kinnicutt, of New York, and Langdon C. Gray, of Brooklyn.

Correspondence.

IS PHTHISIS CONTAGIOUS?

Mr. Editor:

The question of the contagiousness of phthisis is exciting general attention and the affirmative has many strong advocates. The clinical opportunities of any one physician are insufficient to determine this matter, but the aggregate experience of a number cannot but be of value. That such experience may be made available, I would be glad to receive answers to the following interrogatories from such of your readers as may be interested in this subject:

1. Do you believe that phthisis is in any sense or degree contagious?

2. Upon what practical evidence do you found your belief?

3. Please state the principle features of cases you have observed which have direct bearing upon this theory.

This request is to each one personally, and any evidence furnished will be gladly accredited. Wm. Porter, M. D.

500 N. 14th street, St. Louis.

ASYLUM REFORM.

New York, June 30.

My Dear Dr. Hazard:

I had just read the editorial in the St. Louis *Medical and Surgical Journal* when your letter containing it was received. I think my worst enemies have never accused me of being a fool, and I am much obliged to you for stating to all inquirers your decided opinion that I am not one. The editorial in the *Journal* is a mass of falsehoods and misrepresentations from beginning to end. In fact there is scarcely a word of truth in it. For instance:

It is false that more than half of the petitioners repudiate their signatures. It is false that those who appeared before the Senate committee knew nothing against the asylums of their own knowledge. It is false that I had only been in two of the asylums at intervals of eight and thirteen years. It is false that President Barnard did not sign the petition; not only did he sign it, after keeping it in his possession several days, but he wrote a letter to Dr. Seguin (which is now in Dr. S.'s possession), expressing his full approval. It is false that Prof. Draper (J. C.) did not sign the petition. It is false that many physicians and clergymen were induced to sign some other petition, and so on and so on, through to the end.

The editorial is based on a malicious,

unscrupulous and malignant article inserted in the Albany *Argus* by the "asylum ring" of this State.

The signers of the petition are among the most eminent gentlemen in this city. To mention all the physicians is scarcely necessary, but I may refer to a few such as Drs. Willard Parker, Markoe, Wagner, Seguin, J. C. Draper, Haddam and Weir. Of all the physicians signing the memorial, only two, to my knowledge, withdrew their names, one of these at the direct solicitation of a superintendent, and the other on receiving a request to appear before the committee of the Senate.

It is very true, as the *Journal* editorial suggests, that notice should be taken of the matter and discipline inflicted on the offenders. But the ones to be disciplined are those unscrupulous individuals who supplied the committee of the Senate and the Albany *Argus* with the stock of falsehoods they are circulating through the country. As to the committee of the Neurological Society charged with the duty of investigating asylum abuses, we dare the "ring" and its friends to make an issue.

I send you a copy of the preliminary report of the committee. A complete exposé of the course of the asylum ring and the Senate committee is now being prepared, and I think it will satisfy the profession and the public where the real fault lies.

Yours sincerely,

WILLIAM A. HAMMOND.

The following is the "Provisional Report of the Committee of the New York Neurological Society, relative to the subject of insane asylum abuses," to which Dr. Hammond refers. This was "presented to and accepted by the Society at the monthly meeting, held June 2d, at the College of Physicians and Surgeons, 4th avenue and 23d street:"

The undersigned, constituting the Committee on Insane Asylum Abuses, of the New York Neurological Society, respectfully report, that the petition prepared by them, and which contained the complaints deemed most important, was signed by many prominent physicians, lawyers and other citizens, and presented to the State Senate on the 20th of March last.

It was referred by that body to two members, Mr. Goebel, of this city, and Mr. Goodwin, of Utica, constituting the Committee on Public Health. That Committee has now made a report so unfair, one-sided, and so grossly misrepresenting the real facts of the case, that we feel called upon to solemnly protest against its being received by the profession and public as even remotely embodying the results of a *bona fide* examination. There was not even the pretence of a fair examination, documentary evidence was excluded, the bias of the Committee was evident from the first, and they were surrounded by superintendents who had been examined the day previous, without any member of your Committee being notified thereof.

One member of your committee who was examined at Albany, was forced, in self-protection, to protest against the passing, from superintendents to the Senator examining, of slips of paper containing questions desired by the former to be propounded to the witness, and superintendents were repeatedly seen to prompt that Senator. It may suffice, in possible explanation of the bias of the Senate committee, to refer to the fact that the Senator conducting the examination is a resident of Utica, and strongly affiliated with the authorities of the asylum there located. It will be noticed that the Senate committee is extremely careful in summing up its so-called conclusions to speak of State institutions exclusively (meaning asylums supported and controlled by the State alone), although the petition distinctly referred to all lunatic asylums within the State limits.

As further characterizing the animus of the Senate committee, we may refer to the fact that their piece of special pleading, miscalled a report, has been extensively circulated among superintendents and their friends, although no member of your committee has received a copy, and we have no other knowledge of this report than that furnished by the daily papers.

It is also worthy of note that the Senate committee, although informed that much valuable evidence could be obtained in New York, where most of the petitioners resided —evidence which could not be obtained at

Albany—avoided receiving this testimony, by refusing to meet anywhere but in Albany.

Your committee has been charged by the partisans of the asylum interest with having appended names to the petition without authority and misrepresenting its purport to signers. These charges are false in every particular; every name appended to the petition is authentic, and no one signed it without having had full opportunity to read it and become acquainted with its intent and purposes. It is true that a few of the signers became alarmed when they received a *quasi* threatening summons from the Senate committee, and wrote that they withdrew their names, and that still a few others withdrew theirs at the personal solicitation of the superintendents, but the greater number of signers, including many prominent physicians, continue to affirm the pertinency of all the inquiries and the necessity of a full investigation.

Your committee proposes, within a reasonable period, to present a detailed report, exhibiting the actual character of the testimony presented, as well as other evidence which was excluded, in support of the allegations set forth in the petition. Your committee is conscious of the fact that it requires no better vindication of its position.

T. A. McBride, M. D.,
E. C. Harwood, M. D.,
E. C. Seguin, M. D.,
Wm. A. Hammond, M. D.,
E. C. Spitzka, M. D.,
J. G. Kiernan, M. D.,
Landon C. Gray, M. D.,
W. G. Morton, M. D.,
Committee.

Extracts and Abstracts.

Self-Limitation in Cases of Phthisis.—Prof. Austin Flint, Sr., M. D. (*Archives of Medicine*, June, 1879) accepts Jacob Bigelow's definition of a self-limited disease, first published in 1835: "By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences; and which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated or abridged by art, but to which there is due a certain succession of processes, to be completed after a certain time; which time and processes may vary with the constitution and condition of the patient, and may tend to death or to recovery, but are not known to be shortened or greatly changed by medical treatment."

By the study of the natural history of disease, it has been found that this class of affections is very extensive, including all the essential fevers, inclusive of acute pneumonia, and many acute inflammations. Dr. Flint assumes that he has proved that acute rheumatism or rheumatic fever, and acute dysentery, belong to this class. In fact he says that "If the term be used in a sense embracing different degrees of that attribute of disease which renders it independent of treatment, as regards course and termination, most diseases are more or less self-limited."

Dr. Flint first attempts to show that the favorable course and ending in certain cases of pneumonic phthisis are determined by self-limitation. He admits that most physicians would consider pneumonic phthisis or pulmonary consumption a disease that does not exemplify self-limitation, that its tendency is always to a progressive course, and that it is considered that cessation in its progress always implies some extrinsic agency by means of which it has been arrested.

To establish the fact of the favorable termination of a disease being due to self-limitation he proposes the following test: "A disease is, in this sense, self-limited where it ends in recovery irrespective of extrinsic influences derived from either hygiene or therapeutics. A patient, whatever be the disease, who recovers without any potential remedies or measures of treatment having been employed, and, where there has been no material change in any of the circumstances pertaining to daily life, owes the recovery exclusively to self-limitation; in other words, the favorable course and termination are due to an intrinsic tendency. This intrinsic tendency may often be promoted by judicious treatment; and to endeavor to do this is a rational object of therapeutics. On the other hand, this tendency may be obstructed by injudicious treatment—a result which, of course, the physician endeavors to avoid."

A large number of cases must be observed to obviate the error of overlooking influences which may be extrinsic but not apparent. These must be carefully and honestly observed, and there must be no

room for doubt as to the correctness of the diagnosis. Besides these difficulties there is another: no phthisical patient would or should submit himself to the purely expectant plan, equivalent to no treatment whatsoever, or one to which no curative influence could be attributed. Cases are rare in which, independently of a deliberate purpose on the part of either patient or physician, such a course has been pursued, still, in a practice of thirty-five years he has been able to collect a certain number amply sufficient, in his opinion, to substantiate his statement, that in certain cases pulmonary consumption ceases to be progressive, and may end in recovery from self-limitation.

Acute tuberculosis is excluded. He considers it a distinct disease, having more the clinical characters of an essential fever than of a local affection. The affections known as interstitial pneumonia, and cirrhosis of lung or fibroid phthisis are also excluded. He raises no inquiry as to distinct forms of phthisical disease aside from the latter affections, and neither affirms nor denies the existence of such forms, and uses the term phthisis to indicate pneumonic phthisis or pulmonary consumption for the sake of brevity.

"Of 670 cases of phthisis noted during thirty-four years, the list embracing a few cases of acute tuberculosis and interstitial pneumonia, 44 ended in recovery. * * * * * In 31 cases the disease ceased to progress, remaining non-progressive for at least several months, and in the majority of cases for several years. In these 31 cases the phthisical disease may be considered as ended, complete recovery from its effects, or the lesions incident thereto not taking place. * * * * * * Adding the two groups, there are 75 cases in which either recovery from phthisis took place or the disease ceased to progress."

He then proceeds to an examination of the clinical histories of these cases for the proofs of self-limitation.

"Of the 44 cases ending in recovery, in 23 there was no medicinal treatment to which an arrest of the disease could be attributed. In several of these 23 cases there was no medicinal treatment; in the remainder of the cases the treatment consisted of simple tonics, cough palliatives, or remedies to meet some other symptomatic indication. In none of the cases could the treatment be considered as curative. Of the 31 cases in which the disease was non-progressive without complete recovery, in 15 there was no medication by which it might be supposed that the disease was controlled, and in several none whatever." He calls attention to the fact that about the same proportion of each class were either without any treatment whatever, or it was not directly curative, and says: "It may fairly be surmised that this fact has a significance beyond mere coincidence."

In respect of hygienic treatment, he states that the changes made in habits of life "may have favored recovery or non-progression, but were inadequate to cause an arrest of the disease."

He states that the curabillty of phthisis is no novel doctrine, but claims that no one has taken the ground assumed by him "that the recovery in certain of these instances was spontaneous, that is, attributable to self-limitation." He thinks that he is warranted in taking this position by the facts to which he has referred.

The bearing of self-limitation on the conclusions drawn from clinical studies in respect of the treatment of phthisis is then considered.

"If the disease in any instances end in recovery exclusively from an intrinsic tendency, it is evident that self-limitation must be more or less concerned in the cases which recover under different measures of treatment. Speaking as if it were an entity, self-limitation is a factor co-working in certain cases with curative measures, and, as may perhaps be added, sometimes effective in spite of measures which obstruct its operation. On the other hand, when this factor is feeble or wanting, curative treatment is not likely to prove of much avail. Evidently, in drawing conclusions respecting the curative effect of remedies, allowance is to be made for this factor. The extent of its co-working doubtless differs much in different cases, in some being sufficient in itself, and, in others, either considerable, moderate or slight. Considering that the agency of this factor has not been hitherto recognized, it is easy to explain the well-known fact that, from time to time, various methods of treating phthisis, apparently successful in some striking instances, have failed speedily to meet the expectations excited by their apparent success. Whatever was really due more or less to self-limitation, was attributed solely to the methods of treatment, and when the former was feeble or wanting, the latter gave little or

no evidence of curative power. This is the rationale of the *post hoc ergo propter hoc* fallacy which has always had much to do with false deductions from therapeutical experience."

"Recovery from phthisis, in order to become proof of the success of any treatment, must have taken place in a number of instances treated by that method so large as to render it certain that the real agency could not have been self-limitation. Judged by this rule, the materia medica, with our present knowledge, offers few resources for the cure of this disease." Still he is of the opinion that medication is not entirely powerless, that when judiciously applied it may often coöperate with self-limitation and secure success, when the latter, by itself, would have been unsuccessful.

With regard to change of climate as influencing the course of phthisis, he analyzes the histories of 74 of his cases in which a temporary change of climate was an important, or chief measure of treatment; the stage of the disease and the particular climate resorted to, not being taken into account. Of these 74 cases, in nine recovery ensued and in thirteen the disease ceased to progress. Hence he concludes that more or less curative influence was due to climate. In only eleven cases was there no improvement following the change. He is able to give a preference to no particular climate over that of other localities.

Prof. Flint proceeds to take up a most important subject, viz: "Is it possible, by means of symptoms and signs, to judge whether there be, or be not, an intrinsic tendency to a favorable course and termination? Can a given case be investigated with reference to the existence and degree of this tendency, or is self-limitation always a matter of retrospection?" The results which follow are based on the clinical study of cases of recovery or cessation of progress from self-limitation, as contrasted with other cases.

The favorable or hopeful symptoms relate especially to the circulation, body heat, alimentation and nutrition. "Persistent frequency of the pulse, fever, anorexia and progressive emaciation oppose reliance on self-limitation. *Per contra*, encouragement on this score is warrantable when the pulse is but little, if at all, more frequent than in health; the temperature of the body not much, if any, raised; the appetite in a great measure retained, and loss of weight inconsiderable." This condition he terms *tolerance*, and in proportion as phthisis is well tolerated, is there hope of recovery; if not well tolerated, self-limitation is proportionably weak or wanting.

With regard to the physical signs in this relation he states that "Other things being equal, the chances of recovery by self-limitation are greater, the smaller the amount of phthisical lesions, and the space in which they are localized." He believes "that phthisis not very unfrequently ends by self-limitation before it has made sufficient progress to develop well-marked physical signs. In other words, there are abortive cases of this as of other diseases." He has met with instances of, as he supposed, abortive phthisis, and he thinks they may be misapprehended because of the general belief that exceptions to the rule of progress are extremely rare. Age and sex have no special significance in relation to self-limitation, and hereditary tendency is not incompatible with an intrinsic tendency to recovery. He gives a case in point: "Among my cases of recovery are two sisters, now living and well, who alone remain of a phthisical family, both parents, three sisters and two brothers having died with phthisis. The two sisters now living, one of whom recovered more than fifteen and the other more than twenty years ago, had no important treatment, either medicinal or hygienic, whereas there were changes of climate and the persistent use of remedies in the cases of a dead sister and the two brothers. These facts render striking the fact of self-limitation in the cases which recovered. Confining myself to a simple statement, I will add that my histories afford evidence that profuse and repeatedly occurring hæmoptysis, chronic laryngitis, pleurisy with effusion and perineal fistula, are by no means in all cases unfavorable as regards prognosis based on self-limitation."

We cite the concluding sentences of this remarkable paper, regretting that our space will not admit of reproducing it in full: "The extent of influence referable to self-limitation in this disease, is by no means fully ascertained. There is ample room for further observations which bear upon this point of inquiry. Impressed with the importance of clinical studies having this direction, I cannot forbear the remark that they promise more in the way of practical utility than the continued discussion of

histologico-pathological questions relating to phthisis, which, of late years, have engrossed so much attention and occupied so large a space in medical literature."

THUJA OCCIDENTALIS IN EPITHELIOMA.—Dr. John B. Rice (*Michigan Medical News*) gives the notes of a case that is truly remarkable for its happy termination. We condense the report as follows:

Mr. B., aged seventy-two years, consulted Dr. Rice in April, 1876, respecting a small ulcer, upon the gums in front of the two middle lower incisors. It was not the seat of severe pain, but had annoyed him for six weeks, when he had first noticed it as "a small blood-blister." It soon began to ulcerate, when he called it "a canker sore," and had treated it with solutions of alum, borax, infusion of golden seal, and perhaps other domestic remedies.

When the ulcer was first seen, its edges were thickened, and there was an excavation large enough to receive a grain of corn. Beyond its borders the tissues appeared to be in a healthy condition; there was neither congestion nor inflammation, and the alveolar process was apparently sound. The idea of malignancy did not suggest itself. Dr. R. made application of solid silver nitrate; this was repeated twice or thrice, at intervals of three days. Although his general health seemed good, iron and quinine were prescribed. The ulcer got worse; enlarged and emitted a suspicious fetor. Silver nitrate having failed to do good, the ulcer was covered with iodoform, and this was directed to be repeated three or four times daily. A mouth wash of a solution of chlorate of potassa, with a small quantity of carbolic acid, was ordered to be used occasionally. In spite of these measures, the ulcer gradually enlarged, until in four months after the patient first noticed it, the ulcer was fully an inch in length, by three-fourths of an inch in breadth, involving the gums both in front of and behind the incisors (which had loosened and had been extracted), as well as all the tissues, quite through to the integuments covering the chin. The borders were thickened, and the sublingual glands considerably enlarged.

A few weeks later, the condition being still more aggravated, Professor Weber, of Cleveland, was called in consultation. He was decidedly of the opinion that it was a case of epithelioma, and thought that the only remedy was excision. Owing to the advanced age of the patient, and his reduced and cachectic state, and the uncertainty of removing all of the affected tissues, he did not recommend the operation. Several other experienced surgeons, without exception, entertained a similar opinion.

The case continued to progress unfavorably until the gums, the alveolar process, from the left canine to the last molar, and the corresponding inner buccal tissues, were all involved. The bone was crumbling, the sublingual and submaxillary glands were greatly enlarged and of scirrhus hardness; and the tongue was crowded upward to such an extent that it was with extreme difficulty that the patient was able to take sufficient nourishment to sustain life.

This was the condition when Dr. A. C. Miller, of Cleveland, referred to *thuja occidentalis*, as having been employed by him, with encouraging results, in the treatment of malignant disease—he having his attention first called to its virtues in such cases by Dr. J. R. Leaming, of New York.

As soon as a saturated tincture of the *thuja* could be prepared, its administration was begun. The patient usually took fourteen fluid drachms daily of this tincture, made from fresh leaves taken from a shrub growing in his own door yard. Being rather pungent, it was always taken diluted with sugar and water, as frequently and in such quantity as he was able to swallow. A rather strong infusion was used frequently, day and night, as a mouth-wash. He occasionally resorted to the chlorate of potassa with carbolic acid solution for the same purpose. In addition he took five grains of tartrate of potassa and iron, one grain of quinine and one-fortieth grain of arsenious acid, thrice daily. His chief nourishment was mush and milk.

The improvement was gradual. The tumefied glands grew softer and smaller. The ulcer assumed a more benign aspect, as did the parts thickened by infiltration. His strength increased, and there was remarkable relief from pain. He persevered with the treatment most heroically, under many discouraging circumstances, and perfectly recovered in about four months. In July, 1878, two years after the recovery, there was no appearance indicating the return of the disease.

Dr. Leaming stated to Dr. Rice that he had witnessed similar fortunate results, during the treatment with *thuja occidentalis*

(American *arbor vitæ*) of cases where his own opinion as to malignancy was supported by so eminent a surgeon as the late Dr. Gurdon Buck.

Martin's Operation of Extirpation of the Kidney.—Dr. J. Marion Sims (*Am. Med. Bi-Weekly*, from *Med Record*). "It has remained for Dr. Martin, of Berlin (son of the late Prof. Edward Martin), to open up a new field for and a new method of doing this operation. He has now extirpated the kidney five times—four times successfully. And, strange to say, he has done the operation for what is known as floating kidney. His operation before Listerism would have been wholly unjustifiable. But now it is justified by its simplicity and its success. It is as simple, if not as easy, as ovariotomy, and quite as successful. Certainly so in Martin's hands. I had the satisfaction of assisting at Martin's fifth operation, on the 19th of April. The operation is by abdominal section. Instead of using a single table, five feet long, for his operation, he has two tables, each about two and a half feet long, end to end, one being a little lower than the other. The patient was chloroformed in her own chamber, and then brought into the operating room, and placed on the table, with the head to the window. The head was on the lower table, the pelvis on the higher one. The head was placed low, with the intention of preventing syncope, the chief source of danger in the use of chloroform. Martin's spray apparatus is an enormous affair that will work for hours. It was placed six feet or more from the patient, and the spray passed over the assistants and fell on the patient, not in a dense cloud, but in a sort of mist. It seemed to me to be 'too much of a good thing.'

The operation was begun at ten minutes to 8 A. M., and was finished in twenty-six minutes. It was done slowly and with great pains-taking. The incision was begun about two inches above the umbilicus, and extended two inches below it. The bleeding from the edges of the abdominal wound was arrested as in ovariotomy, with hemostatic forceps. The peritoneum was then incised. Some folds of small intestine protruded, and were pushed back and retained by a carbolized sponge probang. The kidney was then pushed to the abdominal incision by pressure on the loin behind, where it was seized with a vulsellum and securely held. The peritoneum investing it was then opened longitudinally; and the kidney was enucleated and brought freely into the peritoneal cavity. Some large veins on its surface were ligated, and its attachments (consisting of renal artery, renal vein, and ureter with cellular investments) were tied in sections, just as we secure a broad pedicle in ovariotomy. The pedicle (so to say) of the kidney, necessarily running longitudinally with the kidney, about three fingers' width long, was transfixed and tied with five separate ligatures. The kidney was then neatly dissected away from the pedicle and removed. The pedicle was dropped back into its proper place behind the peritoneum; the peritoneal cavity was then carefully sponged dry; and the external wound was closed with interrupted sutures. The sutures and ligatures were carbolized silk. Antiseptic dressings were applied, and the patient removed to her bed." There seemed every probability that she would recover, but death occurred three days later from peritonitis. All his cases were for floating kidney. "Heretofore we have told our floating-kidney patients that they must accept their condition as incurable. Whether we will readily follow the bold example of Dr. Martin, and extirpate floating kidneys hereafter, is a question."

Dr. Sims refers to a case of kidney disease, complicated with abscess and stone in the pelvis of the kidney, and says: "In such cases as this there is certainly a future for Martin's operation. In such a case as this we might cut down on the kidney, as Martin does, and if we found a stone in the pelvis we could remove it, close up the incision with suture, return the kidney to its place, and leave the case to nature's efforts."

Amphoric Respiration and Amphoric Respiratory Echo.—Dr. L. James, President Richmond, Va., Academy of Medicine, presented a pathological specimen of lung which, in life, had afforded a well-marked amphoric respiration occupying nearly one entire side of the chest. The lung showed a very large phthisical cavity, with smooth internal surface, the front wall being the much thickened pleural membrane closely adherent to the parietal wall, as it was nearly throughout the whole extent of that cavity, the result of adhesive inflammation. The rear wall was composed of a like ad-

herent pleural membrane, with about an inch thickness of lung in a carnified condition.

Dr. James thought that such adhesion of the pleural surface of a cavity with the chest wall was the usual condition by which amphoric respiration is produced, although not mentioned by authors. The existence of a large cavity with firm walls is recognized as occasioning this modification of sound, but nowhere state that pleural adhesion has been observed as the cause of the walls being thus made firm. He believes that this is the usual, although not the exclusive mechanism.

He also reported a case of "respiratory amphoric echo," which occurred in a case of chronic pleurisy with empyema, in which pneumo-thorax had been established by a free opening made through the chest wall to permit the escape of pus. In this case there had been no communication between the pleural cavity and the bronchial tubes, there being no phthisical cavity or other perceptible disease of the lungs except the pleurisy. The amphoric sounds occurred after pneumothorax had been established by the operation, and were clearly produced by vibrations communicated from the passage of air along the bronchial tubes to that contained in the pleural cavity. They differed from the amphoric sounds produced by the direct entrance of air into phthisical cavities in that they occurred at a short but appreciable interval after the inspiratory act, were more prolonged in utterance, being, in fact, rather a succession of reverberations, and could be recognized by the echoing quality of the sounds. Hence Dr. James describes it as an amphoric respiratory *echo*.

This case demonstrated that sounds of amphoric quality may be produced without the direct passage of inspired air into a cavity, and that they are marked by distinctive characteristics susceptible under close attention of recognition.—*Southern Clinic.*

Accessory Ovaries.—Dr. Wm. Goodell, (Boston *Med. and Surg. Journal*, June 19, 1879), in the course of a valuable article on Battey's operation, in relation to the incision being made through the vagina, refers to one drawback, as follows:

"For some reason the removal of both ovaries does not always bring about the cessation of the menses. From a careful collection of all the published cases of double ovariotomy occurring during menstrual life, I find that out of 132 cases there were 15 in which regular monthly fluxes kept on, and 9 in which such fluxes were either irregular or lessened in amount. The cause of this unexpected continuance of the menses has been attributed by Kœberlé to a portion of ovarian stroma unwittingly left behind, but I think it is often owing to the existence of a third or accessory ovary." Observations by Kocks (verified by Dr. A. R. Simpson), Puech and Beigel, in support of the actual existence of such bodies are quoted, and he proceeds: "These accessory ovaries range in size from a hemp seed to that of a cherry, and are usually attached by a slender stalk. They very generally lie on the boundary line separating the peritoneum from the serous covering of the ovary. Beigel encountered three attached to one ovary, and Waldeyer as many as six. 'On microscopic examination they were found to consist of normal ovarian tissues, and to contain Graffian follicles in every degree of development, as well as relics of corpora lutea and follicles which had dwindled without rupturing. The author concludes that both conception and also the pathological changes of normal ovaries may originate in these bodies. They may also have a bearing on the recurrence of menstruation after the complete removal of the ovaries.' I cannot but think that this is the explanation of Atlee's two remarkable cases, in each of which one ovary having been removed, the other became so diseased as to need repeated tappings, and yet each woman not only menstruated, but gave birth to a child (Ovarian Tumors, pp. 38 and 39)."

Cholera Infantum.—(*Medical Herald*) Dr. Goldsmith, of Louisville, gives one-twelfth of a grain of calomel every half hour, and iced egg-water. He also gives quinine by inunction. In the debility that follows, he thinks raw beef an important article of diet.

Sweating Hands.—(*British Med. Journal*) The affected surfaces may be painted with the tincture of belladonna, or, in certain cases, the ointment may be used. Painting of the tincture about the wrists in the form of a "bracelet" has proved successful in some cases.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - JULY, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

SELF-LIMITATION IN DISEASE.

Elsewhere we devote considerable space to an abstract of a valuable paper by the elder Professor Austin Flint, M. D. We purpose making some comments upon the central idea of this paper, viz: that cases of phthisis, or of any disease, that show any tendency towards spontaneous recovery are, by virtue of this fact alone, self-limited.

To our understanding, and we derived the impression from the teachings of Prof. Flint himself, in order that a disease may properly be considered as self-limited it should pursue a certain definite course as regards the evolution and succession of its symptoms, these should be modified to but a slight degree by any method of treatment adopted, when modified at all in this way it should be in the direction of intensity without altering their essential characteristics, and the termination should be either in recovery or cessation of characteristic phenomena within certain definite limits as regards time or duration. Judged by this standard, the eruptive fevers are self-limited diseases properly so-called. The patient may perish eventually from some of their sequelæ, but each of the diseases proper has certain definite limits in time. The limited duration of these affections clearly separates them from diseases which pursue an essentially chronic course, and of these, pneumonic phthisis offers a striking exemplification. The characteristic of chronicity, in our opinion, removes it, once for all, from the category of self-limited diseases.

The fact that cases of almost every disease known have recovered irrespective of the treatment employed, does not prove self-limitation for all diseases; it simply gives evidence of the fact that the tendency towards recovery is greater in some patients than in others; that the natural forces, inherited or acquired, are sufficient to reëstablish the normal relations between waste and repair, to remove obstructions, to overcome adverse influences.

Prof. Flint's extension of the term "self-limitation" to include pulmonary consumption—and by implication, all other diseases—seems to us to be only a rehabilitation of the ancient idea of the *vis medicatrix naturæ;* in other words, we consider it a mistake to class phthisis with self-limited diseases, when, in point of fact, it differs from them in every essential particular excepting that a few cases do recover without special medication.

Prof. Flint must receive due credit for so clearly enunciating and demonstrating this latter fact, and for giving definite instructions for forming a rational prognosis in a given case, as well as for giving the rationale of the cures supposed to have been affected by many and diverse agencies, although we claim that the reason given is one-sided, that it is really the inherent powers of the individual patient and *not* an intrinsic tendency of the disease towards recovery. With this reservation we most heartily commend this latest product of the illustrious professor's pen to the careful consideration of our readers.

THE HIGHER STANDARD.

The Convention of Medical Colleges having proved a total failure, the Association of American Medical Colleges having deferred action for still another year, it is

clearly demonstrated that there is nothing to be hoped for in the direction of a higher medical education from the vast majority of these money-making institutions. They must be *compelled* to adopt a decent course of instruction and more rigid requirements for their graduates. Medical journals have an important duty to perform in this relation. If they do not perform that duty they should incur the displeasure of the profession. If a journal gives aid and comfort to such self-styled colleges, it should lose all support from reputable practitioners of medicine. As a first "step in the right direction" the CLINICAL RECORD declines and in future will reject all advertisements of schools that refuse to advance their standard of requirements for the doctorate.

Our course would appear a hopeless one were it not for the fact that professional opinion is, to a great extent, with us. That this is true is evident from the fact that those schools which have taken the lead in this movement have lost nothing by it, that their classes are kept full while their requirements have been increased.

We take pleasure, in this connection, in calling attention to the advertisement of the Chicago Medical College, which appears in this number for the first time. It will be observed that its requirements are of the highest, that its faculty includes some of the best men in the Western profession, and that its programme conforms in every particular with that enunciated in our columns. It is gratifying to observe that the *first step forward* was made by this school, when it instituted a graded course of instruction on its organization. This honor has been claimed by some Eastern schools, but it rightfully belongs to that organized by the venerable Professor N. S. Davis. We would direct the attention of students and practitioners alike to the advantages it offers to the tyro in medical science as well as to the man of experience who would refresh his knowledge by gathering the latest fruits of the world's study and progress. It is no longer necessary to incur the expenses of travel and costly living in an Eastern city to gain all that is to be gained from a post-graduate course. Our Western cities have the material, and Chicago is the first to make it available.

Some of the Western schools have advanced their fees for lectures; but this is the poorest sort of a substitute for effective teaching. We must repeat that the mere payment of large fees cuts no figure in this relation. The teaching must be of the best quality and those taught must have a solid ground-work upon which to build, and the time of teaching must not be too short, or the resulting educational superstructure will necessarily be of the most flimsy character in the vast majority of instances.

A NEW DUTY OF THE MEDICAL EXPERT.

We were somewhat surprised to read the following in relation to those "singularities of conduct, eccentricities of action, and changes in one's natural self, or a departure from that type previously characteristic of the individual," which are held to be the strongest evidences of insanity. We find it in the St. Louis *Medical and Surgical Journal*, for April, 1879, page 265:

"This departure consists in a multitudinous variety of alterations which it is the duty of the physician to develop."

We had always supposed it was altogether sufficient for all the purposes of justice and mercy that the *patient* should "develop" such a change from his normal self as to prove that he was a lunatic. Now, however, the physician—the medical expert—must "develop" such symptoms of morbid mental action. We are certain that there are not more than two St. Louis physicians who are able to convince a court and jury that they possess this new qualification for the position of medical expert in such cases, and one of them is this "professor."

It is barely possible that we have mis-

taken the "professor's" real meaning; it may be that the word "develop" is used in the sense that the physician must "develop" such traits in his client by a proper course of instruction and training; or even that something must be made to appear to the jury where nothing exists—something after the fashion of the professional magician or "test medium." Again, the "professor" must take the blue ribbon. In a recent case he swore to a "change of character" in a man he had never seen but once, and then eight months after the individual became a maniac! This is certainly beyond the powers of any except the best "developed" clairvoyants and test-mediums. The "professor" certainly has no rival in this special field of his own creation. The possession of this unique, remarkable and most extraordinary power certainly renders him a most desirable witness in doubtful cases, especially those of homicide, arson, etc. We must congratulate the profession of Missouri on the possession of such a remarkable member, and place him in nomination for President of the State Association next year.

LACTOPEPTINE.

A year ago we gave a strong endorsement of this elegant pharmaceutical preparation, to-day we repeat it with emphasis. The experience of an additional twelve months has confirmed us in our former opinion. The advantages of using a preparation of uniform composition are, we should think, sufficiently evident. If not, then a trial of the article referred to, compared with a mixture made according to the published formula by a number of ordinary pharmacists, will convince the most incredulous. The demand for Lactopeptine is so great that it can always be had freshly prepared; for the same reason the manufacturers are enabled to keep up its standard of excellence.

If any argument were needed against the absurd rule attempted to be injected into the Code of Ethics of the American Medical Association, forbidding the use of articles protected by a trade-mark, it could be furnished by the uniformly good results obtained from the use of this preparation. If druggists were always honest and competent, and were always in possession of good preparations of pepsin, pancreatine and diastase, such a preparation might be superfluous, but while the contrary is often true of these assistants to the physician, a trustworthy article like Lactopeptine is indispensable.

While cholera infantum is so prevalent in this section, it may not be out of place to again call the attention of physicians to the fact that in Lactopeptine we have an invaluable agent in aiding digestion and arresting the progress of this terribly fatal affection. We have found a combination with bismuth sub-nitrate of especial value in this disease.

"Wanted—a Critic."—The Philadelphia *Medical Times* calls for one loudly. We modestly snggest that its editor should, in future, look after his proof-reader and see that he gives due credit to the St. Louis Clinical Record, in place of the St. Louis *Clinic*. There isn't much "in a name," still we prefer our own to that of any one else. The *Times* may not be particularly desirous of our criticism, but if it continues to advertise for "a critic" we may be induced to offer our services.

The Tenth Census.—We call special attention to the little book issued by the Census Office, containing blank forms for physicians' mortuary records for the year beginning June 1, 1879, and ending May 31, 1880, inclusive. One of these has been sent to every physician in the United States whose address could be obtained, and it is to be hoped that the record will be faithfully kept by each and the register returned to the Census Office when the year has expired. The benefits to be derived from accurate

records of this description can scarcely be overestimated. We trust that every physician who has not received a copy will notify the proper authority at once. Address: Hon. Francis A. Walker, Superintendent of Census, Washington, D. C.

ACKNOWLEDGMENTS.—The Chicago, Burlington and Quincy Railroad has long been noted for excellence of construction, the courtesy of its officials, and the beauty and enterprise of the towns and cities along its line. We return thanks to its management for the many courtesies extended to our representative at the recent medical convention held at Davenport, Iowa.

The Cairo and St. Louis Railroad is one of the best managed lines in the West. The many physicians who attended the recent meeting of the Southern Illinois Medical Society, at Sparta, Ill., are loud in their praises of this excellent route, and the gentlemen who conduct it. We return thanks for recent favors.

Book Notices and Reviews.

LECTURES ON ELECTRICITY IN ITS RELATIONS TO MEDICINE AND SURGERY. By A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, Etc., Etc., Etc. 8vo. pp. 99. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00

It is becoming a custom with certain of our specialists, when they condescend to enlighten the vulgar herd of general practitioners, to shroud their subject in as much obscurity as they can muster for the occasion. Whether this is, in some instances, a natural result of the haziness in the author's own mind, or an intentional speculation, cannot be always determined, in either case the reader of a work written by such specialists will lay it aside with dissatisfaction if not with sheer disgust.

The "specialty" of electrotherapy is one of the narrowest fields of medicine, and has, in this country, been rather unfortunate in its votaries. Although nothing can be further from us than to confound the eminent gentlemen who have devoted themselves to this branch, with the charletans who have once disgraced it, yet we do not hesitate to say, that as far as the general practitioner is concerned, he has been taught as little by the regular experts who now monopolize the field, as by the charletans who preceded them.

The work before us is vague in its generalizations, throws no light on the separate indications and is obscure in its differential diagnostic formulation.

In the fourth lecture one sentence calls for attention and illustrates our statement as to the monopoly which the electrician would like to sway * * * * "the duty of the profession in regard to this matter is very clear. They should familiarize themselves with electro therapeutics; * * * * or they should refer the matter to those who are masters of the subject." The next sentence is still more remarkable: "In case neither of these courses is practicable, they should, as a rule, not attempt to have electricity used at all, or should confine themselves mainly to its use as a *palliative*, and with the understanding that they are submitting to a *necessary evil*." To us this seems a direct invitation to cheat the patient.

As illustrating the vague ideas which specialists often have concerning the anatomy of the parts they treat, we refer to page 25, where the reader will find a "sympathetic spinal cord." We poor ignorant non-electricians have hitherto been blissfully contented with one spinal cord, but it seems we forgot there were two!

The author's theories as to central galvanization are entirely worthless, as they are based on misapprehension of physical principles. This applies still more to his explanation of general faradization; his idea seems to be that a patient can be filled with so and so much electricity as

with water, that he can be fully or partially charged.

On page 72 Dr. Rockwell says: "Galvanization of the spine with strong ascending currents should be used" (in locomotor ataxy). We protest against this as a highly injurious method of treatment, having repeatedly seen patients who had been thus treated by electricians, with the result of increasing the intensity as well as the area of the fulgurating pains, and in one instance have known such an application to be followed by an intense aggravation of all the symptoms, rapidly progressing amblyopia and ataxy of the upper extremities.

The author delights to leave the most essential points, regarding which the reader might be justified in looking for information, unsettled. Our impression is, that if the indications and results of treatment be as inconsistent with each other as they seem to be, in the light of the present volume, then the severer methods, especially of galvanization, may prove to be as dangerous and double-edged toys in the hands of the expert as in those of the layman. * *

HANDBOOK OF DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT AND NASAL CAVITIES. By Carl Seiler, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, Etc., Etc., Etc. 12mo. pp. 156, with 35 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 00.

The plain, practical manner which the author employs will at once make this little volume a favorite. Without an attempt at self laudation and a noticeable avoidance of the "*ego*," the concise and correct statements prove the book's fitness for its intended purpose, "a guide to students of laryngoscopy." More than this, the general practitioner will find here safe counsel and assistance. In the multiplicity of books, in these days when many, so soon as they have had an experience of a score of cases think themselves fitted to advance "new views," in this age when truth and enterprise do not always mean the same, it is a relief to find a consistent, orthodox, modest statement of facts and principles well assured.

The first fifty pages are devoted to the study of laryngoscopy and mention of the instruments necessary in the treatment of laryngeal diseases. Good sense is shown in having made this department as brief as may be. Why does our author prefer that the reflector be worn on the forehead? When placed before one eye like the reflector of the opthalmoscope there is not "the great disadvantage of monocular vision"—the contrary, rather; besides there are the advantages of having the line of vision within the cone of illumination and both the eyes having full range of the laryngeal mirror, are each shaded from the intense light, a matter of no little moment in long examinations. "The nearer the head reflector is placed to the eye of the observer, the better and more easily will the image be seen (page 23). The obstacles to laryngoscopy are "briefly but well considered." Practice on the part of the patient by frequent introduction of the mirror being the surest means of overcoming undue irritability of the fauces.

Few and simple are the instruments mentioned, and wisely so. A flexible probe guarded by a piece of fine sponge or cotton, which "can be carried to any desired spot in the larynx, pharynx, or nasal cavities," is the most valuable means of making topical applications in these parts; a covered jar, or, at most, a wide-mouthed bottle for inhalation of volatile agents; a caustic pencil of silver wire upon which is fused a little nitrate of silver, are examples of the author's suggestions. Uncomplicated instruments, like plain words, often indicate careful thought, and here we find all three.

The directions regarding treatment are well to the point, though we cannot indorse the free use of strong solutions of nitrate of silver advocated, as, for instance, in sub-acute and chronic laryngitis; this,

however, is a matter of opinion, as high authority sanctions this procedure.

It is interesting to note the statement (page 69) that "We find tubercular deposits in the mucous membrane of the larynx," under certain conditions, a much disputed conclusion, but one in which we firmly believe our author is right.

Probably the most instructive portions of the book are the chapters on pharyngitis, which alone would be an addition to any medical library designed for practical use.

Our author advocates the nasal douche in the treatment of post-nasal catarrh, a method against which there has been great out-cry but which is still employed by the majority of good practitioners. The author justly thinks that it is not the use, but the abuse of the douche which is productive of harm, and we would add, that many of the cases of disease of the middle ear for which the douche has been held responsible are seemingly but the result of the extension of inflammation by continuity of surface. The chapters on functional diseases of the larynx and that on laryngeal neoplasms are well written and condensed.

There is no doubt but that this book merits and will receive full approbation of the profession, especially of such as desire information regarding what is known in this department. As a guarantee of good typographical work the imprint of Henry C. Lea is all-sufficient. WM. PORTER.

PARESIS OF THE SYMPATHETIC CENTERS from Over-Excitation by High Solar Heat, Long Continued and Suddenly Withdrawn, Etc., So-Called Malaria; its Etiology, Pathogenesis, Pathology and Treatment. By Charles T. Reber, M. D. 12mo. pp. 112. St. Louis: George O. Rumbold & Co. 1879. From the Author.

Any contribution to our knowledge of malaria that is based on personal experience and clinical observation should receive a careful examination from the reviewer. If the ideas presented are supported by any evidence, they should be submitted to careful investigation before being rejected as unworthy of notice.

Dr. Reber has had thirty years of experience, of laborious practice in a highly malarious district. He is evidently an enthusiast in the support of the docrines he lays down. His treatment of malarial disorders is good—no special departure being made from the rules followed by writers who hold different theories regarding the essential nature of the pathological processes under discussion.

Some objection may be made to the needless subdivision of the one hundred and twelve pages into *twenty-five* chapters, when two or three, at most, would have been altogether sufficient. The coining of new terms is also a mistake, in our opinion.

On page 31 of his monograph we find Dr. Reber's theory thus expressed:

"In the undue excitation of these temperature centers, unduly stimulated by the frequent calls upon them through the afferent nerves to maintain the normal temperature; the frequency and urgency of these calls suddenly changing from one to another condition, from hot to cold, and especially in the over excitation by a high outside temperature, loaded with moisture, (thereby preventing free surface vaporization) their tone, potentiality, health, normal condition is altered, lowered; they become unduly irritable, and therein lies the fundamental cause of all diseases now known by the term malarial, as well as the fundamental cause of many other diseases not so well marked by a distinct rigor, etc."

Now, it is not probable that there is any "heat-regulating center" at all, the heat of the body being regulated most probably through the sweat-center of Nawroki, Luchsinger, and others.

In Dr. Reber's statement, it appears that long continued over-excitation of the hypothetical heat-regulating center by atmospheric heat, is not, of itself, sufficient to induce what he calls "thermal paresis" or malarial disease. The cause is seen to be "the sudden *changing* from heat to cold and the contrary." How this differs from

what is known as chilling of the body we find some difficulty in determining.

In fact, we find little in Dr. Reber's little book that is not contained in Oldham's "What is Malaria?" (London: H. K. Lewis, 1871). Dr. Oldham recognized the extreme susceptibility to cold engendered, especially in the white race, by long-continued exposure to heat, and a consequent lowering of the vital power. He also thought that the depressing effect of damp was necessary to the development of malarial affections in cool climates. Hence the principal difference between Dr. Reber and Dr. Oldham is that the former attempts to explain *how* the vital powers are weakened by the change from heat to cold, we fear, with no very satisfactory results.

Dr. Reber and Dr. Oldham fail to meet some formidable objections to the theory of chilling or sudden abstraction of heat from a body exhausted by excessively high atmospheric temperature. They do not account for the presence of free pigment granules in the blood, or fixed in the spleen, liver, kidneys, retinæ and cerebral cortex. They do not take into account the so-called mountain fever, prevalent in the Rocky mountains in the depths of the long winters of that region, which has been proved to be dependent upon the use of melted snow and ice holding in suspension or solution quantities of organic matter; a fever that is in every way analogous to Dr. Reber's "thermal paresis." These gentlemen also overlook the researches of those investigators who have found the spores of cryptogamous plants floating in the blood or fixed in the organs above enumerated (See Hammond's paper, "A Contribution to the Study of the Nature and Consequences of Malarial Poisoning," in CLINICAL RECORD, September, 1877). The chill theory of Oldham is as old as Hippocrates, and Dr. Reber seems to have reached nearly the same conclusions by dint of hard work and long observation. That is to say, we recognize the fact that Dr. Reber has carefully studied by himself and has unconsciously arrived at conclusions that were old when the Roman empire fell.

HINTS IN THE OBSTETRIC PROCEDURE. By William B. Atkinson, A. M., M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia; D. G. Brinton, 115 South 7th st., 1879. Cloth, $1.

However exalted may be our opinion of Dr. Atkinson's abilities as a writer of romantic literature—based upon his "Physicians and Surgeons of the United States"—we must confess that his efforts as a lecturer and writer have not served to place him upon the highest planes of scientific attainment. The great writers of fiction have seldom displayed exalted ability in science. Dr. Atkinson should make a note of this and, in future, confine himself to a field which he has fairly made his own by the right of discovery; we refer, of course, to that of the medical historical romance.

We have very carefully examined these "Hints," hoping to find some reason for their existence, and have finally reached the conclusion that such a reason does exist. The book contains absolutely nothing that is new, nothing but what is to be found in every good work on obstetrics, nothing but what should be taught to every medical student in a reputable medical school.

To the graduates of "Podunk University, Medical Department," it will be found of great and permanent value. Hence, "Podunk" furnishes its *raison d'ètre*. So long as "Podunk" has a "Department" in every city in our country, so long will such manuals flood the market and be purchased to the exclusion of medical works of value.

The "Podunk" graduate will find these "Hints" very convenient. He can carry the book in his pocket and read it over as he prudently retires from the lying-in chamber between the frequent doses of chloral, recommended by our author.

The florid style of "dime-novel literature" shows itself on more than one occa-

sion. Witness the following, in relation to ergot (page 29):

"If it acts at all, it only serves *to lash the womb into a fury*, setting up an irritable condition in that organ which can do no good, and may even result in causing rupture of the uterus." (Italics ours.) We would humbly suggest that the *furor uterinus*, of the older writers, was not usually traced to the use of ergot in labor.

Dr. Atkinson persists in making war upon the innocent grammar of his mother tongue. We have been obliged to chide him for this fault on a former occasion, and dislike to refer to such small matters again, but, really, his statement "that the lochia *is* normally diminished" after quinine has been given during parturition, is too bad.

We are compelled to retract our statement, that the book contains nothing new. The following statement has, at least, the merit of novelty: "When the membranes are intact, the fluid within forms a *beautiful wedge-like point*, which greatly aids in dilatation." (Italics ours.)

On page 35 we find the following: "The position in labor varies with nations, but when left to herself the patient is invariably observed to take that position which will cause the child to gravitate toward the point of exit. This subject is one which is eminently worthy of the attention of the student of midwifery, as he will find in the habits of women in this crisis much of value and interest." Podunk again!

Our anthor is an enthusiastic advocate of the forceps. The directions given are generally good and in accordance with the latest authorities. We fear, however, that the recent graduate of Podunk will be unnecessarily alarmed when he reads the following warning: "He is watched by eagle eyes; every phase of his conduct, every line of his countenance is noted." If he keeps this constantly in mind, the "lines of his countenance" will probably deepen faster than is consistent with the preservation of a fair share of manly beauty to an advanced age.

In the latter part of the book, we notice with pleasure that the author has given up the use of the term "the new-born" and has concluded to employ a commoner if less elegant expression, "the child." He is to be congratulated upon this new departure. He has been induced to write "legs" where he formerly preferred to use "limbs." These are all "steps in the right direction," and for them he has our hearty commendation.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, Volume 3, for the year 1878. 8vo. pp. 472. Boston: Houghton, Osgood & Co. The Riverside Press, Cambridge, 1879.

The third meeting of this society was an eminently successful one. The papers read were nearly equally divided between gynecological and obstetrical subjects; this we regard as an improvement. At all events, it renders the volume of Transactions acceptable to a greater number of medical men than those preceding. The papers referring to post-partum hemorrhage are especially valuable.

Dr. H. F. Campbell's paper on Rectal Alimentation in the Nausea and Inanition of Pregnancy, will be read with the greatest interest; his theory of "intestinal inhaustion" as explaining the *modus operandi* of rectal alimentation is very plausible, if it does not receive the undivided support of the profession.

First Vice-President Goodell has revised the title of his annual address, and removed from it a certain sensational flavor that was not altogether acceptable to some of his hearers and readers. "Nerve-Tire and Womb-Ills" has been changed to "The Relation of Neurasthenia to Diseases of the Womb." This is an improvement, although the pure Anglo-Saxon of the first title has its attractions and advantages.

In our number for November, 1878, we gave extensive abstracts of the papers as read before the Society, hence it is not

necessary to repeat them here. We shall, if time and space permit, give more extended consideration to some of the papers which have reached us from their respective authors in the form of reprints.

The paper and typography of the third volume are equal to those of the former issues, while the binding is greatly improved. Covers for Volumes I and II, may be had by sending one dollar to the publishers. A full index of obstetric and gynecological literature of all countries for the year 1877 is appended to the volume. This is the joint work of the indefatigable Secretary, Dr. Jas. R. Chadwick and Dr. J. S. Billings, U. S. A., in charge of the National Medical Library in Washington.

Excellent portraits of the late president, Dr. E. R. Peaslee, and Dr. W. L. Atlee, with biographical sketches of their lives and labors, add greatly to the beauty and value of the volume.

No obstetrical or gynecological library should be without these Transactions.

A Guide to Therapeutics and Materia Medica. By Robert Farquharsen, M. D., Edin., F. R. C. P., Lond., Lecturer on Materia Medica at St. Mary's Hospital Medical School, Etc. Second American Edition, Revised by the Author. Enlarged and Adapted to the U. S. Pharmacopœia by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. 12mo. pp. 498. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $2 25.

It is scarcely two years since we gave the first edition of this book a very hearty indorsement, and we are pleased to see that the mass of the profession has ratified our verdict by giving their favor to the work.

The second edition is greatly improved, by additions in every section and revisions of every part so as to make it correspond with the very latest advances in medical science.

The plan of the work is novel, the arrangement being such that the corresponding effects of each article of the matera medica in health and disease are presented in parallel columns. This arrangement is very convenient for reference and renders the subjects easy of remembrance.

The Americon edition has received many important additions at the hands of Dr. Frank Woodbury, who is well known as a careful and conscientious original investigator. Our commendation given the first edition we now repeat with emphasis.

A Clinical Treatise on Diseases of the Liver. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, Etc. In three volumes. Vol. III. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, Etc., Etc. 8vo. pp. 246. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00, to subscribers.

This volume completes the classical work of Frerichs; a work that should be in the library of every practitioner for constant and ready reference. This is especially the case in the malarial regions of the West and South where diseases of the liver are so common. For many years this work will continue to be a standard authority, and now that Messrs. Wood & Co. have issued it in such a neat and convenient form there is little excuse for not having it at hand for reference.

Hearing, and How to Keep it. By Charles H. Burnett, M. D., Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb; Aurist to the Presbyterian Hospital, Philadelphia. American Health Primers, No. 1. Philadelphia: Lindsay & Blakiston. 1879. Cloth, 50 cents.

This handy volume is the first of the series issued for popular reading by Messrs. Lindsay & Blakiston. If each volume of the entire series equals the first, it will be one of great and permanent value. Dr. Burnett has made the subject very interesting, and his reputation as an otologist and a clever writer is sure to be advanced this latest work of his mind and pen.

heartily commend the series to our readers and their non-professional friends.

RHYMES OF SCIENCE: Wise and Otherwise. With Illustrations. 12mo. pp. 66. New York: Industrial Publishing Company. 1879. Cloth, 50 cents.

A selection of the best humorous poetry bearing upon scientific questions, by such writers as Dr. O. W. Holmes, Bret Harte, and others, cannot but be very interesting reading. We have examined this volume quite carefully—read it from cover to cover, in fact—and find it well adapted to dispell "the blues" and cause forgetfulness of the cares of life, so far as anything can do so while the "dog star rageth." We pronounce it *good*.

LITERARY NOTES:—

A NEW work on the practice of medicine is in preparation by Prof. A. B. Palmer, M. D., of the Medical Department of the University of Michigan. Dr. Palmer has had over forty years of experience and is in Europe gathering the latest fruits of science for his forthcoming work.

DR. HAMMOND'S great work on Diseases of the Nervous System, has been translated by Dr. F. Labadie-Lagrave, and published by J. B. Ballière et fils, of Paris. It has been received with great favor in France.

MR. HENRY C. LEA, of Philadelphia, announces for early publication, the following: "A System of Medicine," edited by J. Russell Reynolds, M. D., in three large octavo volumes. This work has recently been completed in England in *five* volumes. Dr. Henry Hartshorne will edit the American edition and bring it up to date. "A Manual of Midwifery," by Fancourt Barnes, M. D., son of Robert Barnes, already well known in obstetric literature. "Clinical Medicine," by Austin Flint, M. D., 8vo, 900 pages. "A Handbook of the Principles and Practice of Medicine," by Frank Woodbury, M. D. Also new editions of Wells on the Eye, Leishman's Midwifery, and Bumstead on Venereal Diseases.

MESSRS. G. P. PUTNAM'S SONS announce for early publication: "The Anatomy of Nervous Centres," by Prof. G. Huguenin, of Znrich, translated by Dr. W. J. Morton; "The Normal and Pathological Anatomy of the Eye," by Dr. A. Arlt, of Toronto; and "The Brain, the Spinal Cord and the Nerves," by Dr. Wm. A. Hammond.

THE London *Lancet* (American reprint) will hereafter be issued by the Industrial Publication Company, 14 Dey street, New York. The *Lancet* has recently been enlarged and improved.

NEW JOURNALS.—*Neurological Contributions*, by William A. Hammond, M. D., assisted by William J. Morton, M. D., a quarterly of 104 pages, has reached us. The first number is a most excellent one. It contains the following articles: "The Non-Asylum Treatment of the Insane," recently reviewed in our columns; a clinical lecture on "Arrest of Development," illustrated with three heliotype engravings of stunted children; "Mysophobia," descriptive of a form of insanity "characterized by a morbid, overpowering fear of defilement or contamination, and "Records of Practice," all by Dr. Hammond. Added to these are two cases reported by Dr. Morton, one illustrating the toxic effects of tea, and the other of cure of chronic partial eczema by galvanism. Dr. Morton also reports several cases from the college clinic for nervous diseases. Notes on contemporary literature are mostly devoted to the question of asylum abuses, and includes the petition, in full, presented to the New York Legislature, which has elicited so much adverse criticism. Those editors who have permitted the use of their journals to disseminate the falsehoods of the "asylum ring" have the opportunity of correcting their record. Dr. Hammond's letter and the report of the New York Neurological Society, printed in this number of the CLINICAL RECORD will give them the proper information upon the subject, and there is

no excuse for delay in making the *amende honorable*. The editorials referred to have a suspicious likeness to each other and give strong evidence that they have a common origin.

The *Medical Summary*, monthly, $1 00 per annum, Dr. R. H. Andrews, editor, Lansdale, Pa., is a new aspirant for professional favor. We fear that it is doomed to disappointment.

The *Country Practitioner;* or New Jersey Journal of Medical and Surgical Practice, monthly, $2 50 per annum, Dr. E. P. Townsend, editor, published at Beverly, Burlington county, New Jersey, is the latest in the field. It is well "made up," well edited, and deserves success. The price is, like our present atmospheric temperature, altogether too high. It is *not* the "organ of Podunk University Medical Department."

BOOKS & PAMPHLETS RECEIVED.

Photographic Illustrations of Skin Diseases. By George Henry Fox, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, Etc., Etc., Etc. Forty-eight Colored Plates taken from Life. Complete in twelve Parts. Part I. Comedo, Acne (vulgaris), Lepra (tuberosa), Elephantiasis. Part II. Keloid, Rosacea, Psoriasis (nummulata), Ichthyosis (simplex). New York: E. B. Treat, No. 805 Broadway. St. Louis: Brown & Holdoway, 521 Olive st. $2 00 per part. Sold only by subscription.

Diseases of the Throat and Nasal Passages.—A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. Second Edition, Revised and Amended, with two hundred and eight illustrations. Large 8vo. pp. 742. New York: Wm. Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $5 50.

Elements of Modern Chemistry. By Adolphe Wurtz, Member of the Institute, Honorary Dean and Professor of Chemistry of the Faculty of Medicine of Paris, Etc., Etc. Translated and Edited, with the Approbation of the Author, from the Fourth French Edition, by Wm. H. Greene, M. D., Formerly Demonstrator of Chemistry in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. 12mo. pp. 687, with 132 illustrations. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton st., Covent Garden. 1879. St. Louis: Book & News Co. Cloth, $2 50.

Atlas of Skin Diseases. By Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, Etc. Part V. Scabies, Herpes Zoster, Tinea Sycosis, Eczema (vesiculosum). Philadelphia: J. B. Lippincott & Co. 1879. St. Louis: Book & News Co. $2 50 per part.

Diseases of the Intestines and Peritoneum. By John Syer Bristowe, M. D., J. R. Wardell, M. D., J. W. Begbie, M. D., S. O. Habershon, M. D., T. B. Curling, F. R. S., and W. H. Ransom, M. D. 8vo. pp. 243. Illustrated. New York: William Wood & Co. 1879. Wood's Library of Standard Medical Authors. Sold by subscription only. $1 00 per volume.

Posological Table: including all the Officinal and the Most Frequently employed Unofficinal Preparations. By Charles Rice, Chemist, Department of Public Charities and Correction, N. Y., Etc. 16mo. pp. 96. New York: Wm. Wood & Co. 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth,

Long Life and How to Reach It. By Joseph G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, Etc. 16mo. pp. 160. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents. *American Health Primers, No.* 2.

Address delivered at the Thirtieth Annual Commencement of the Medical Department of the University of Georgetown. By Prof. Joseph Taber Johnson, A. M., M. D. From the Author,

Miscellaneous Notes.

Sheepish.—"But in my official capacity, as President of the American Medical Association, it is my duty as well as my pleasure to bring to the monumental shrine the ovations of the entire medical profession of these United States."—Dr. Sayre at the unveiling of the McDowell monument.

The Minutes of the North Carolina Medical Society appear in full in the *North Carolina Medical Journal*, for June. It was well attended and the proceedings were of more than ordinary interest. The next meeting will be held in Wilmington, on the second Tuesday of May, 1880.

For Post-Partum Hemorrhage.—A student was "plucked" at Bellevue Hospital Medical College, in 1878, for giving the following answer when asked, in his final examination, "What would you do for post-partum hemorrhage?" "I would tie the post-partum artery." It is needless to state that he was "passed" by the learned faculty of another college the present year!

Yellow Fever.—One death is reported from Memphis. There is some difference of opinion among Memphis physicians regarding the nature of the disease in this case. The attending physician, Dr. Sim, stating that it was merely intermittent fever. There seems to be no reasonable ground for expecting a repetition of the fearful epidemic of last year.

The industrious syphilographer of the Boston *Medical and Surgical Journal* has redeemed himself. In a late number of that old and valuable journal appears a full abstract of the article by Drs. Maury and Dulles, on Syphilis Communicated by Tattooing, in the *American Journal of the Medical Sciences* for January, 1878, to which we gently directed his attention some time since. Dr. Wigglesworth is a most industrious and discriminating "reporter," and we "take back" all the naughty things we said about that class of writers. They are very useful creatures.

Free Quinine.—On the last day of its session Congress removed the duty on quinine. This amounted to about seventy cents per ounce. Unfortunately the duty of ten per cent. was not removed from cinchona bark grown in the East Indies. The American manufacturers of quinine have decided to cease making it. If this should be carried out, the consumers may not profit much by the removal of the protective tariff; in that event it is predicted that we would be left to the mercy of speculators in the foreign-made article.

Jaborandi in Mumps.—(Philadelphia *Med. Times*, May 24, from *Jour. des sci. med.* No. 3, 1879) Dr. Testa has treated five cases—four of them in one family. After free perspiration and salivation, there was a marked amelioration of the symptoms and the patisnts desired food. Next day the parotid swelling was much reduced, and in two days more the cure was complete. Dr. Testa thinks jaborandi acts by its hydragogue properties, that it may shorten the dise ıse and prevent metastasis.

Paracotoin.—Professor Baelz, of Tokio, Japan, has had striking success in the cure of malignant cholera by means of paracotoin. He administered, by hypodermic injection, two grammes suspended in equal parts of glycerine and water. In the only five cases in which he employed it the cure was prompt and thorough. The Japanese government has taken measures to provide a supply of the drug for use in any fresh outbreak.—Canada *Med*, *Record*, June '79.

Vaccinal Syphilis.—According to a recent decision of the Prussian court at Trier, Dr. Frederick Koenig, of Prüm, Sanitary Officer and District Physician, was mulct in damages to the amount of six hundred marks and costs for having inoculated a child with syphilis conveyed by vaccination. —*Anzeiger des Westens.*

Moral.—Always use the bovine virus.

Holman's fever and ague pad is composed of black spruce gum (*Abies nigra*) and camphor.—*U. S. Med. Investigator*(Hom.).

Home News.

Our Salaried Expert.—"Jane Gallagher, a woman who has been wandering about the streets for several weeks, partially insane, was arrested by the police and taken before Health Commissioner Francis yesterday. He pronounced her case a bad one, and she was accordingly sent to the Insane Asylum."—*Globe-Democrat*, June 8, 1879.

Our non-medical Health Commissioner having thus set himself up in the expert business, it will certainly be unwarrantable for the courts to require physicians to testify in cases of alleged insanity, in future, without allowing them suitable expert fees. The Health Commissioner has a handsome salary, exclusive of the ordinary perquisites of his office, and can hence afford to devote some of the energies of his "powerful intellect" to the service of the State without additional compensation. *His personal experience* must also count for something in qualifying him for the difficult position of medical expert in cases of insanity!

Quarantine.—New buildings have been constructed and the hospital is now well equipped for service should half a dozen cases of yellow fever appear upon the lower Mississippi. Several hundred refugees from Memphis have already arrived in St. Louis. *Now* is the time for our Mayor and Health Commissioner to display those exalted "executive abilities" of which we have heard so much. We shall look for the establishment of a sanitary cordon at an early date. No absurd notions of economy should prevent the immediate destruction, by fire, of the infected steamer "Edwardsville" and the officers' quarters at Quarantine. We sincerely hope that there will be no such nonsensical pretense of quarantine in St. Louis this year as was made last season. If yellow fever should break out in our city at an early date—happily there is no reason for fearing anything of the kind—it will be in order for our Health Commissioner to make another trip to Philadelphia! His absence, however prolonged, would not be without its compensations.

The school census, taken by the police, and, hence, trustworthy, develops an astonishing fact: a falling off of about *ten thousand* in the number of children between the ages of six and twenty-one years. It will tax the gigantic intellects of our sanitary statisticians to, we fear, an alarming degree to figure a population of over 500,000 from a basis of about 88,000 school children. The returns have been in the hands of the authorities for about a month, but, strange to say, there seems to be some reluctance to make them public. A revision of our mortuary statistics is now in order.

The heat of July has been greater than in the corresponding period of 1878. The Health Department has prepared to meet the occasion by providing plenty of ice water at the Dispensary, and ambulances to convey the expected victims of heat exhaustion thither in the shortest time possible. Happily but very few patients, one, at least, of remittent fever, have been submitted to the routine dispensary treatment.

We regret to record the death of Dr. J. M. Youngblood, which occurred early in June. Dr. Youngblood was a contract surgeon during the late war, and since has been a prominent practitioner and member of the medical societies of our city. He died from abscess of the liver, which was not diagnosticated before the autopsy.

We understand that a paper read before the State Medical Association by an alleged dermatologist has been withdrawn from publication in the forthcoming volume of Transactions. It will always be a mystery, therefore, how much of it should be in quotation marks and how much should be printed unornamented in this way.

LL. Ds. are as common now in St. Louis as mud or dust. The college(?) advertisements will fairly bristle with them.

TO PHYSICIANS.

Messrs Warner & Co. Brooklyn, N. Y., August 10, 1878.

Dear Sirs:—It is with pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, and testify to its superiority in all cases over Pepsin.

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried but with no good effect. Finally, INGLUVIN was administered in doses varying from five to ten grains; to our surprise, the patient began at once to mend and rapidly convalesced. We cannot speak too highly of INGLUVIN in this case, it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cured three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA and SICK STOMACH, and with the best of results.

Dr. Edward P, Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion, I could eat nothing, life was almost a burden to me. INGLUVIN was prescribed in five to ten grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

CHAS. H. BENNETT, 144 Luqueer St., Brooklyn, N. Y.

INGLUVIN

IN CASES OF DIARRHŒA, CHOLERA INFANTUM AND MARASMUS.

From the Cincinnati Lancet and Observer, August, 1877.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent at this period, induces me to call the attention of the medical fraternity to the lately introduced remedy called "INGLUVIN." I have been using it in my practice with very happy results for a considerable time, having originally called attention to the use of the simple lining membrane of the Gizzard of the Domestic Fowl. We find indigestion generally at the bottom of bowel complaints, which INGLUVIN has almost instantly corrected for me, alone or in combination. I give it in the following formulas:

INFANT FORMULA.

℞ Ingluvin, ...gr. xii.
Sacch. Lac., ...gr. x.
Misce et Ft. cht., No. x.
Sig.—One every 4 hours.

℞ Aqua Calcis, ...f℥ij.
Spts. Lavand. Comp.,
Syr. Rhei, Arom., ...aa f℥j.
Tr. Opii, ...gtt. x.
Misce—Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞ Ingluvin, ...℥j.
Morphia Sulph., ...gr. jss.
Misce et Ft. cht., No. xii.
Sig.—One every 4 to 6 hours.

℞ Aqua Calcis, ...f℥ijss.
Spts. Lavand. Comp., ...f℥ss.
Syr. Rhei, Arom., ...f℥vi.
Tr. Opii, ...f℥ss.
Misce—Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

In inflammatory affections, I combine INGLUVIN with subnitrate of bismuth, equal parts, and oleaginous mixture with ol. terebinth instead of aqua calcis. Should the evacuations be suddenly arrested, and tympanitis and colic supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion I have the most happy result from the combining of INGLUVIN with Pv. Nux Vomica, the one-twentieth to one-tenth grain. I have treated a case of Marasmus successfully with the INGLUVIN—see article contributed in "MEDICAL AND SURGICAL REPORTER."

A. F. SHELLY, M. D.

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Nux Vomica, Iron, Quinine, Zinc, Strychnia, Morphia, Indian Hemp, Cantharides, Digitalis, Aloes, etc

℞ **A TABLE OF COMBINATIONS.***

		In Bottles 100 each.
1—PIL. PHOSPHORI	1-100 grain, 1-50 grain, 1-25 grain, in each.	1 00
2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÆ	Phosphori 1-50 grain. Ext. Nuc. Vom. ⅛ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÆ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8—PIL. PHOSPHORI CUM QUINIÆ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÆ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÆ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÆ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain.	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÆ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv. Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 ♏.	1 50
21—PIL. PHOSPHORI CUM BELLADONNA	Phosphori 1-100 grain. Ext. Belladonnæ 1-8 grain.	1 50
22—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.	1 50
23—PIL PHOSPHORI CUM QUINIÆ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
24—PIL PHOSPHORI CUM EXT: ACONITI	Phosphori 1-50 grain. Ext. Aconiti 1-16 grain.	1 50

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A New Remedy for the treatment of

ACNE, SCROFULA AND CUTANEOUS DISEASES

SUGAR-COATED PILLS OF SULPHIDE OF CALCIUM.

ONE-TENTH GRAIN PER 100,			. . . . .	.50
ONE-QUARTER	"	"	"	.60
ONE-HALF	"	"	"	.75
ONE	"	"	"	$1.00

Prepared by WILLIAM R. WARNER & CO.

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[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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Parv. Acidi Arseniosi	(WARNER & CO.)	1-100	gr.
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Parv. Digitalis Fol:	"	1-20	"
Parv. Ergotinæ	"	1-10	"
Parv. Ferri Redacti	"	1-10	"
Parv. Gelsemini Rad:	"	1-50	"
Parv. Hydrarg. cum Cretâ	"	1-10	"
Parv. Hydrastin	"	1-20	"
Parv. Iodoformi	"	1-10	"
Parv. Ipecac:	"	1-50	"
Parv. Morphiæ Sulph:	"	1-50	"
Parv. Nucis Vomicæ	"	1-50	"
Parv. Opii	"	1-40	"
Parv. Piperinæ	"	1-20	"
Parv. Podophyllini	"	1-40	"
Parv. Potassii Bromidi	"	1-5	"
Parv. Potassii Arsenitis	"	1-100	"
Parv. Potassii Nitratis	"	1-10	"
Parv. Quiniæ Sulphatis	"	1-10	"
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NON-HUMANIZED VACCINE VIRUS.

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IVORY POINTS, ALSO PATENT SOLID LYMPH CONES AND OUTFITS.

These cones have given general satisfaction during the last two years, and are especially adapted to physicians wishing to keep a stock on hand for primary vaccinations or use in epidemics of variola, for the protection of schools, institutions, etc.

Each cone can be made to vaccinate two hundred or more persons and will retain its vitality from three to four months.

TERMS:—Ten Ivory Points, heavily charged..... $1 00
Single Points..... 20
One Lymph Cone with Outfit consisting of ten uncharged Ivory Points and small File 3 00

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Chicago Medical College.

MEDICAL DEPARTMENT OF THE NORTHWESTERN UNIVERSITY.

SESSION OF 1879---'80.

FACULTY:

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H. A JOHNSON, A. M., M. D. } Principles and Practice of Medicine and of Clinical Medicine.

EDMUND ANDREWS, A. M., M.D., }
RALPH N ISHAM, M. D, } Professors of Principles and Practice of Surgery, and of Clinical Surgery.

EDWARD W. JENKS, M. D., LL. D.,
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E. O. F. ROLER, A. M., M. D.,
Professor of Obstetrics and Diseases of Children.

SAMUEL J. JONES, A. M., M. D.,
Professor of Ophthalmology and Otology.

J. H. HOLLISTER, M. D., Cor. Secretary and Registrar, Professor of General Pathology and Pathological Anatomy.

J. S. JEWELL, A. M., M. D.,
Professor of Nervous and Mental Diseases.

H. P. MERRIMAN, A. M., M. D.,
Professor of Medical Jurisprudence and Hygiene.

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Professor of Materia Medica & General Therapeutics.

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R. L. REA, M. D.,
Professor of Anatomy.

HENRY GRADLE, M. D.,
Lecturer upon Physiology.

ROSWELL PARK. A. M., M. D.,
Demonstrator of Anatomy and Assistant to the Chair of Anatomy.

Graded Course of Instruction.

A graded system of medical instruction was adopted at the organization of this College twenty years ago, and for twelve years it was the only representative of a classified course in this country. The recommendation of this method of teaching by two Medical College Conventions, by the American Medical Association and by various State Medical Societies; and its more recent adoption by a number of other colleges, including some of the most prominent ones in the land; and its very general approval by the profession at large, afford gratifying evidence that this new departure was a movement in the right direction.

Requirements for Admission.

All applicants for admission are required to present evidence of graduation in some literary college, or certificates of attendance upon some scientific school or academy. If the applicant have neither diploma nor certificate, he must sustain a satisfactory examination as to his literary qualifications.

Advanced Standing.

Students who have read medicine for one full year, may enter upon the *Middle Course*, by sustaining satisfactory examinations upon the studies embraced in the Junior Course.

Students who have read medicine for two years, including attendance upon one full course of lectures in some recognized medical college, may enter the *Senior Course*, by sustaining examinations upon the subjects embraced in the Junior and Middle Courses.

The College Term.

A Preliminary course of Didactic and Clinical instruction, introductory to the general course, commences September 16th and continues till the commencement of the regular Session.

THE REGULAR COURSE of lectures commences Tuesday, September 30th, and will continue until March 30th, at which time the usual Commencement exercises will be held.

The Practitioner's Course,

Designed for practitioners, will commence March 31st, 1880, following the Commencement, and will continue till April 28th. This special course is arranged to meet a very general want, and will afford special advantages for a *rapid*, yet *thorough*, practical review of the most important subjects in medicine and surgery.

Clinical Advantages.

Mercy Hospital, with its very perfect appointments; the Dispensary and the College clinics offer an abundance of clinical material in every department of Medical and Surgical teaching. Over fourteen thousand patients were treated here during the *last year*.

In the Hospital every Senior student serves as dresser for an allotted term in the surgical wards, and receives a certificate to that effect.

Every Senior student has personal charge of one or more cases of obstetrics, under the immediate supervision of the Professor of Obstetrics.

In the Gynecological Department, where large numbers of females apply for local treatment, each Senior student is trained by the Professor in the minute details of examination and treatment of the medical and surgical diseases of women.

Physiological Laboratory.

Aided by the generous contributions of its alumni, this College is developing a PHYSIOLOGICAL LABORATORY, which will be opened for instruction during the present year.

PRIZES

Will be given by the Dean, for the best Thesis; by the Professor of Anatomy, a First Prize to the best Anatomist—open to all classes; Second Prize to the best Anatomist in the Junior Class; the Senn Prize, for the best Anatomical Preparation; and the Earl Prize, for the best Essay on Diseases of Children.

FEES.

Lecture Fees for the College Year, $75.00. Practitioners' Course, $30.00. Graduation Fee, $30.00. Registration Fee, $5.00. Demonstrator's Ticket, $5.00. Laboratory Ticket, $5.00. Hospital Ticket, $6.00.

For information concerning Text Books, Board, Seats in the College, requirements for Graduation, etc., consult the Annual Announcement, or address

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES OF LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

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The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

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See article by Dr. McClanahan in the April number of *New Preparations*.

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RHAMNUS PURSHIANA. This is the bark of a tree indigenous to northern California and Oregon, known botanically as the Rhamnus Purshiana It has long been used on the Pacific coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice.

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GENTIANA QUINQUE-FLORA. Among the many substitutes for quinine this plant is one of the most valuable. In many cases where quinine and other anti-periodics have proved futile, this remedy has been found very efficacious. In combination with hydrastis, it has been found an excellent tonic in depraved conditions of the digestive apparatus, increasing the biliary secretions and acting as a stimulant to the excretory organs In fevers in combination with gelsemium, and in derangement of the biliary organs in conjunction with leptandrin and podophyllin, it seems to increase the action of those agents.

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